

Name

in
Full

Kate Rebecca Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Queenstown* ^{County} *Anne Arundel*

MARYLAND

Date of death ^{Month} *Aug.* ^{Day} *28* ^{Years} *25* ^{Months} *11* ^{Days}Sex *female* Color or Race *Colored* Birth-place *Calvert Co.,*Occupation *h* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *John Blake*Father's Name *Henry Harris*Father's Birthplace *North Carolina*Mother's Maiden Name *Letsy Jones*Mother's Birthplace *Calvert Co.,*Name of person giving information *Henry Harris*How related to deceased *father*

CAUSES OF DEATH

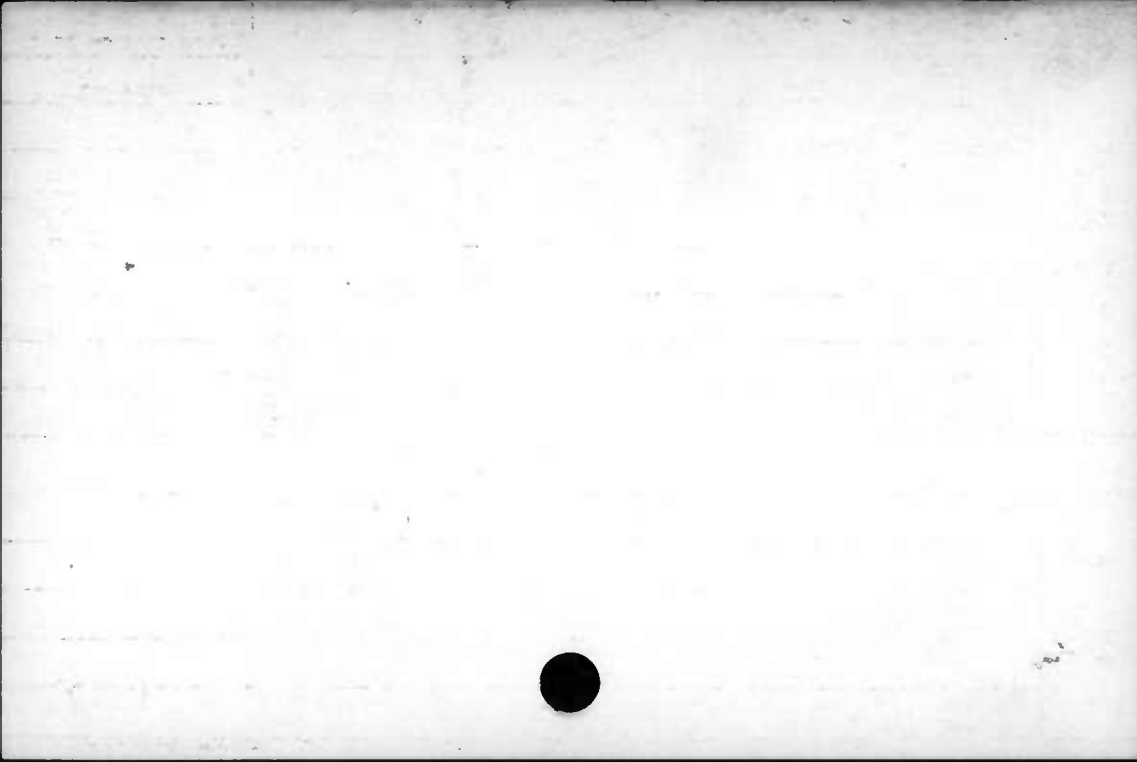
Primary *Consumption*How long *4 years*Immediate *Heart failure*How long *few hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. Maclean Cammott
W. H. R. R. R.
and

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

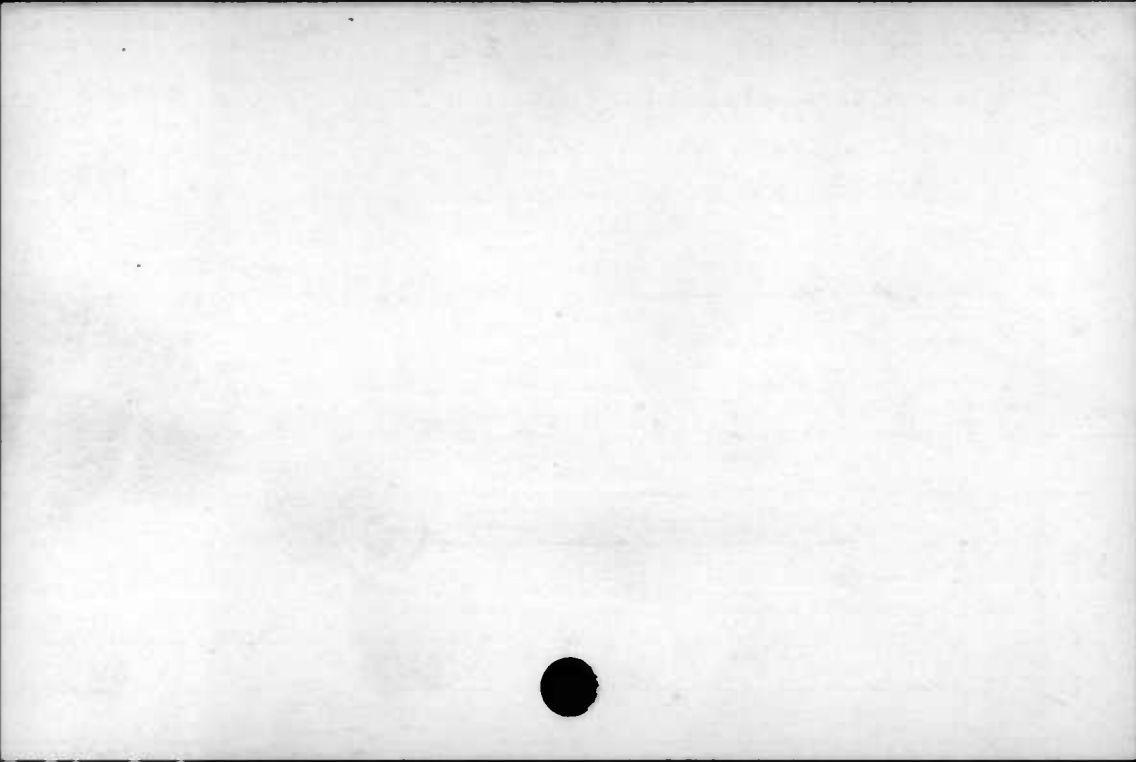
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>St</i>		State <i>MARYLAND</i>	
Date of death		Month <i>August</i>	Day <i>14</i>	Years <i>1905</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>colored</i>		Birthplace				
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>G.</i>					
Father's Name <i>John Lb Bruce</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Averyta Johnson</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Mother</i>		How related to deceased					

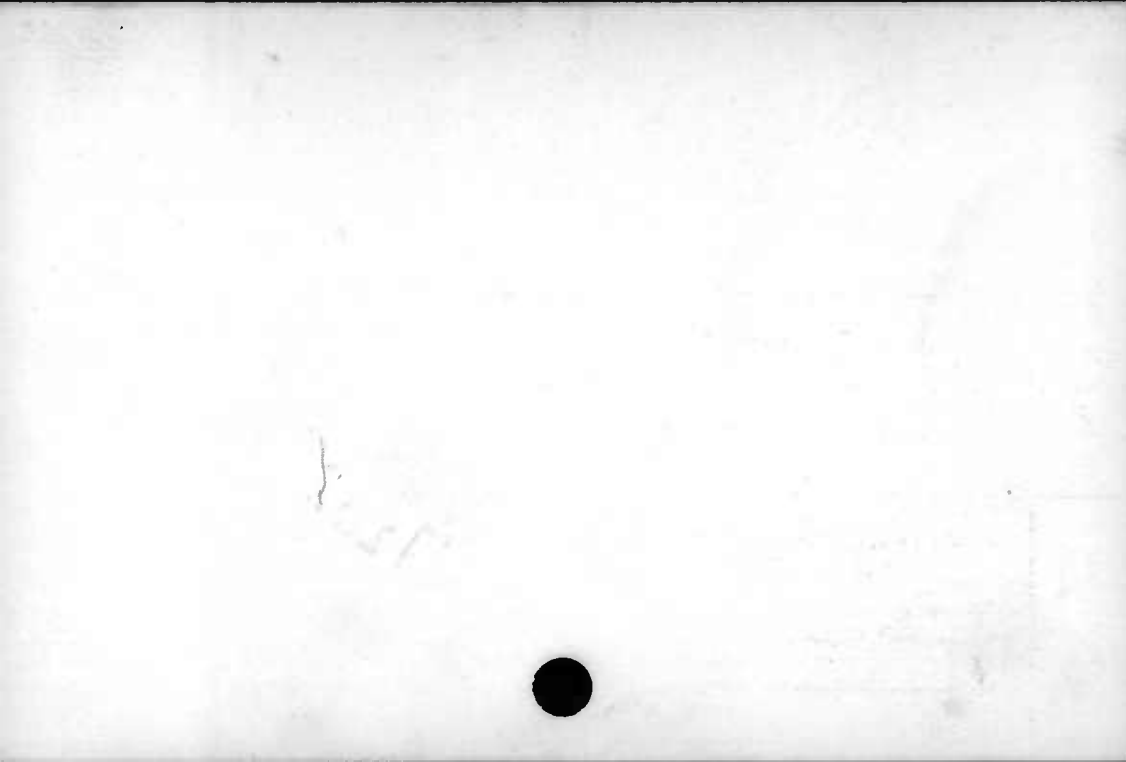
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Martha Bruce</i>	
<i>yes</i>		Address <i>Midwife</i> <i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full		Lucy Gertrude Bright-				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Annapolis		Anne Arundell		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1905 August Saturday		Age 40		2	12	
		Sex		Color or Race		Birth-place		
		Female		White		Annapolis		
		Occupation		Where Residing if not at place of death		#60 Corn Hill St-		
Married, Single or Widowed		Married		Name of Wife or Husband		John H Bright-		
Father's Name		Richard Austin		Father's Birthplace		Anne Arundell Co		
Mother's Maiden Name		Sarah Austin		Mother's Birthplace		" " "		
Name of person giving information		John H Bright		How related to deceased		Wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Bright's disease		How long		
		Exhaustion		12		Two months		
		Immediate		Two days		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Geo. Wells		
yes		Address		Annapolis		Md		
Accident or Suicide?		no.						



Name
in
Full

CERTIFICATE OF DEATH

Martha Brown

Town

County

MARYLAND

Died at

Annapolis Md

A.A.C.

Date

Month

Day

Years

Months

Days

of death

1900

15

Age

11

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

None

Where Residing if not
at place of death

78 Gay St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Brown

Father's
Birthplace

A.A.C.

Mother's
Maiden Name

Annice Brown

Mother's
Birthplace

A.A.C.

Name of person giving
In formation

John Brown

How related
to deceased

Father

CAUSES OF DEATH

Primary

Nephritis

How long

120 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

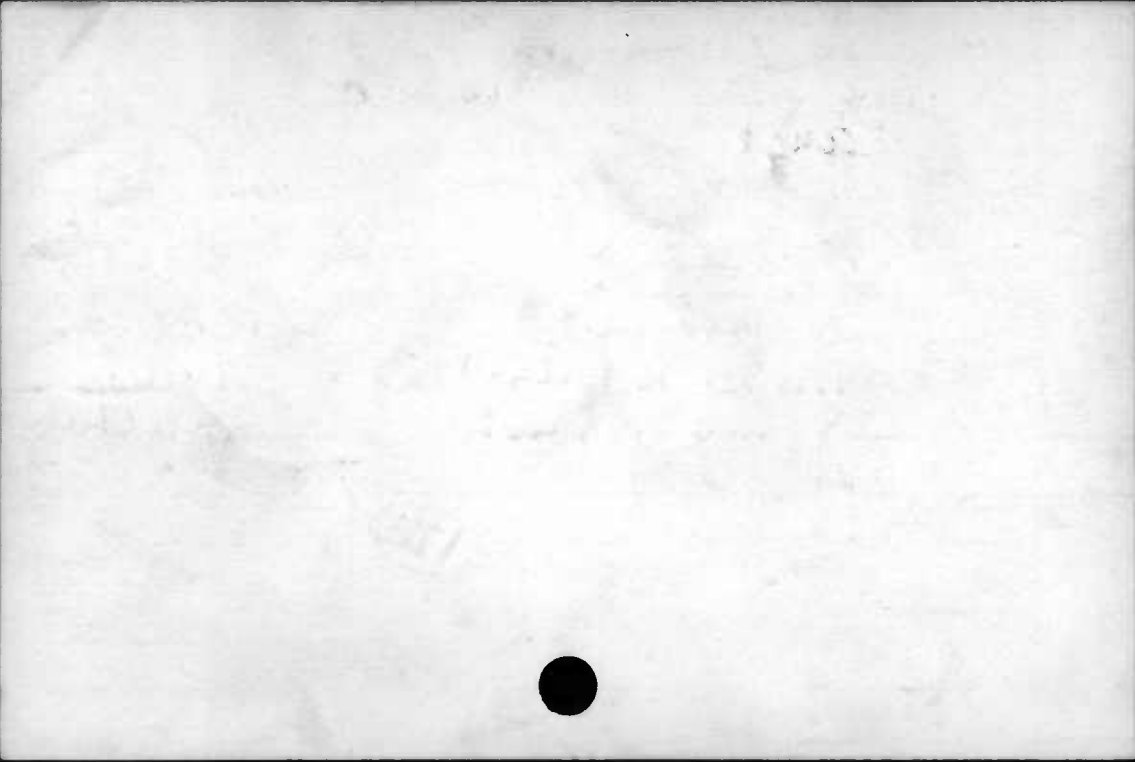
Address

John Ridout
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

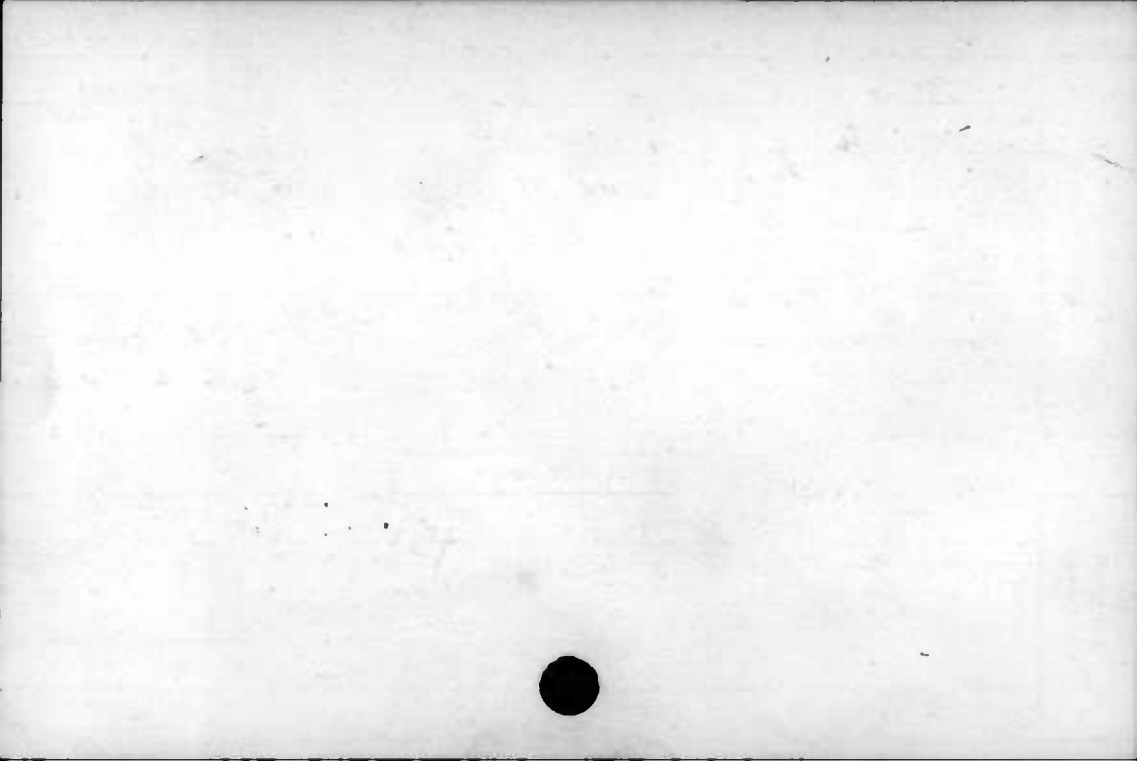
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Aug	4			6	
Sex		Color or Race		Birth-place			
male		Colored		Annapolis Md			
Occupation				Where Residing if not at place of death			
				Dunell Lane			
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Father's Birthplace					
Joseph Calbert		New River Md					
Mother's Maiden Name		Mother's Birthplace					
Willie Smith		South River Md					
Name of person giving information		How related to deceased					
Willie Smith		mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name in Full		James Edmond Carr				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Best's Gate		Anne Arundel		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		1905		Aug	17	61	10	21	
		Sex		Color or Race		Birth-place			
male		White		Calvert Co Md					
Occupation		Where Residing if not at place of death							
Carpenter									
Married, Single or Widowed		Name of Wife or Husband							
Widower		Lydia Sewell							
Father's Name		Father's Birthplace							
James Carr		Calvert Co Md							
Mother's Maiden Name		Mother's Birthplace							
Eliza Trott		Calvert Co Md							
Name of person giving information		How related to deceased							
Virgil O Carr		Brother							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long					
		Peritonitis		1 week					
		Immediate		How long					
		Perforation of bowel		5 hours					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
yes		Wm S Welch		Annapolis					
Accident or Suicide?									
no									



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Principles Md TownCounty Prince GeorgesDate of death 1907 Month AugDay 26Age 18 Years

Months

Days

Sex maleColor or Race ColoredBirth-place Principles MdOccupation LaborerWhere Residing if not at place of death Camp at workMarried, Single or Widowed single

Name of Wife or Husband

Father's Name George CarterFather's Birthplace Am. DistrictMother's Maiden Name Josephine CarterMother's Birthplace Am. DistrictName of person giving information George CarterHow related to deceased father

CAUSES OF DEATH

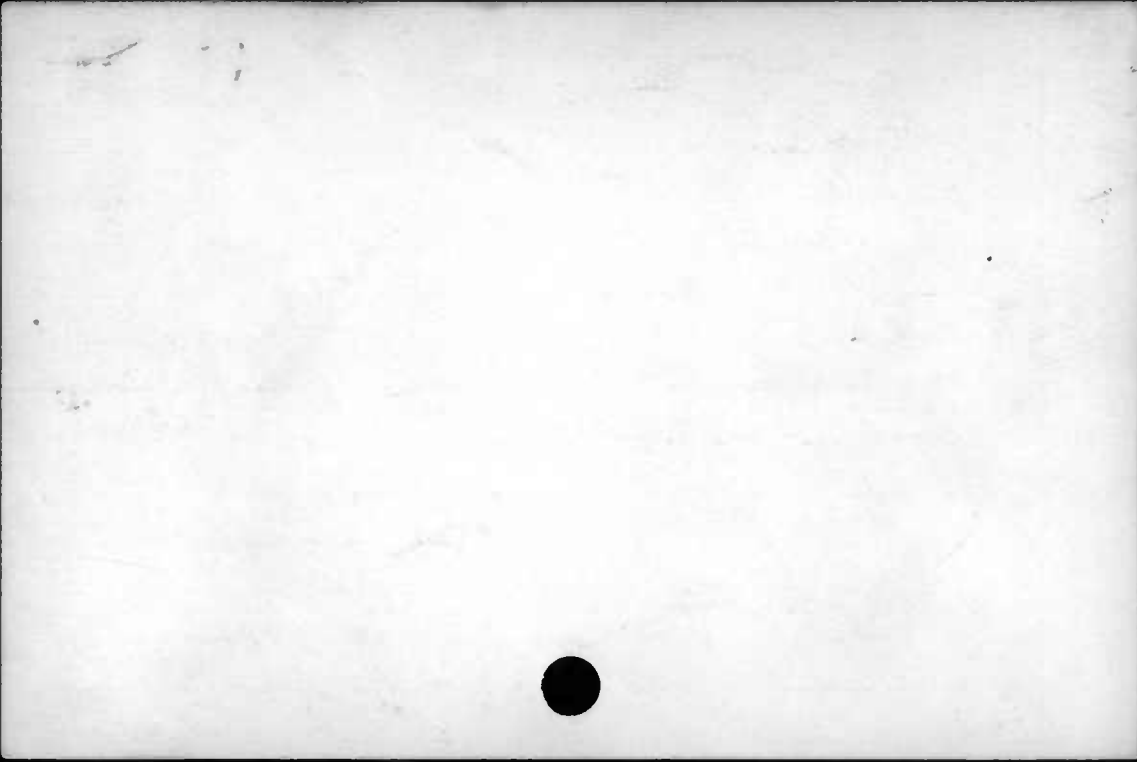
Primary Dropsy
Immediate DropsyHow long Several Weeks
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Frances Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

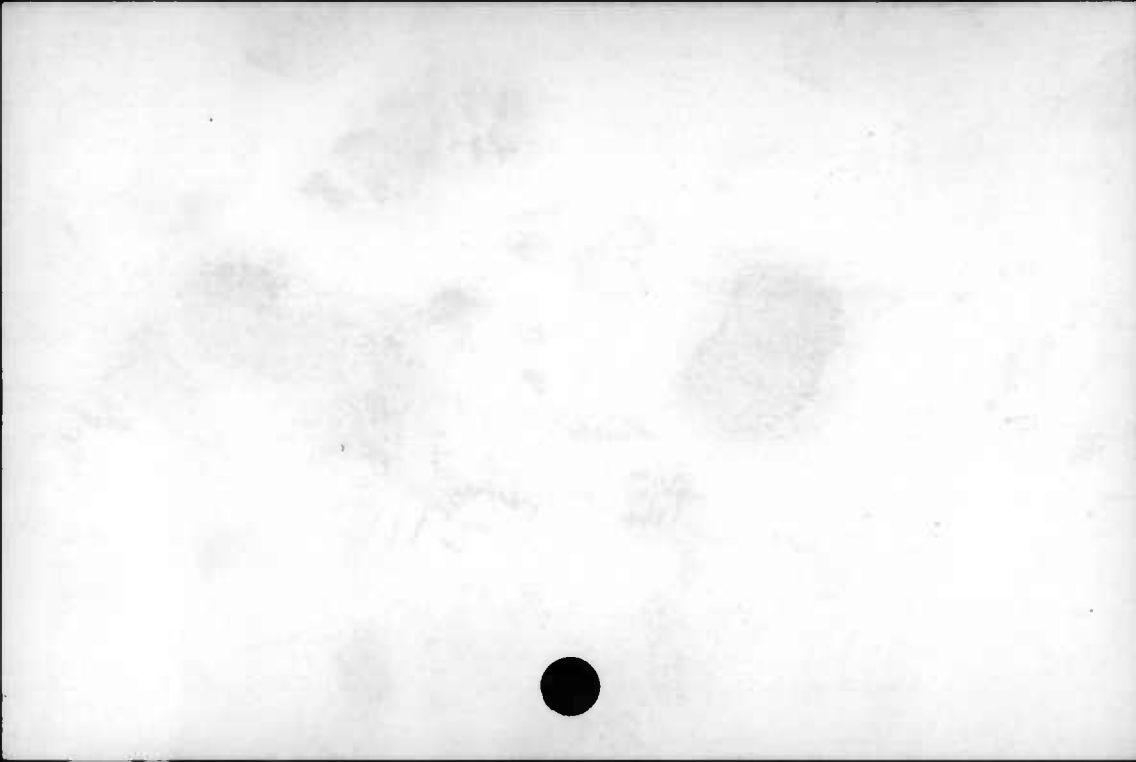
MARYLAND

Died at *St Margarets* Town *St Margarets* County *St Margarets*Date of death *1905* Month *Aug.* Day *22* Age *22* Months *—* Days *—*Sex *Female* Color or Race *Col.* Birth-place *St Margarets*Occupation *Sevier* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Wm. Chambers* Father's Birthplace *St Margarets*Mother's Maiden Name *Margrett. Carrall* Mother's Birthplace *" "*Name of person giving information *Joseph Allen* How related to deceased *None*

CAUSES OF DEATH

Primary *Tuberculosis* How long *9 months*Immediate *Exhaustion* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. D. Richmond M.D.*Address *St Margarets*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

William D Clayton
Town *Lithium* County *La a*

MARYLAND

Died at *Lithium*
Date of death *1906* Month *aug* Day *20* Age *42* Years Months Days

Sex *male* Color or Race *white* Birth-place *Lithium*

Occupation *clerk* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband

Father's Name *Alexander Clayton*

Father's Birthplace *La a*

Mother's Maiden Name *Farmichael Cunningham*

Mother's Birthplace *La a*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Coronary* How long
Cardiac Failure How long

Immediate
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

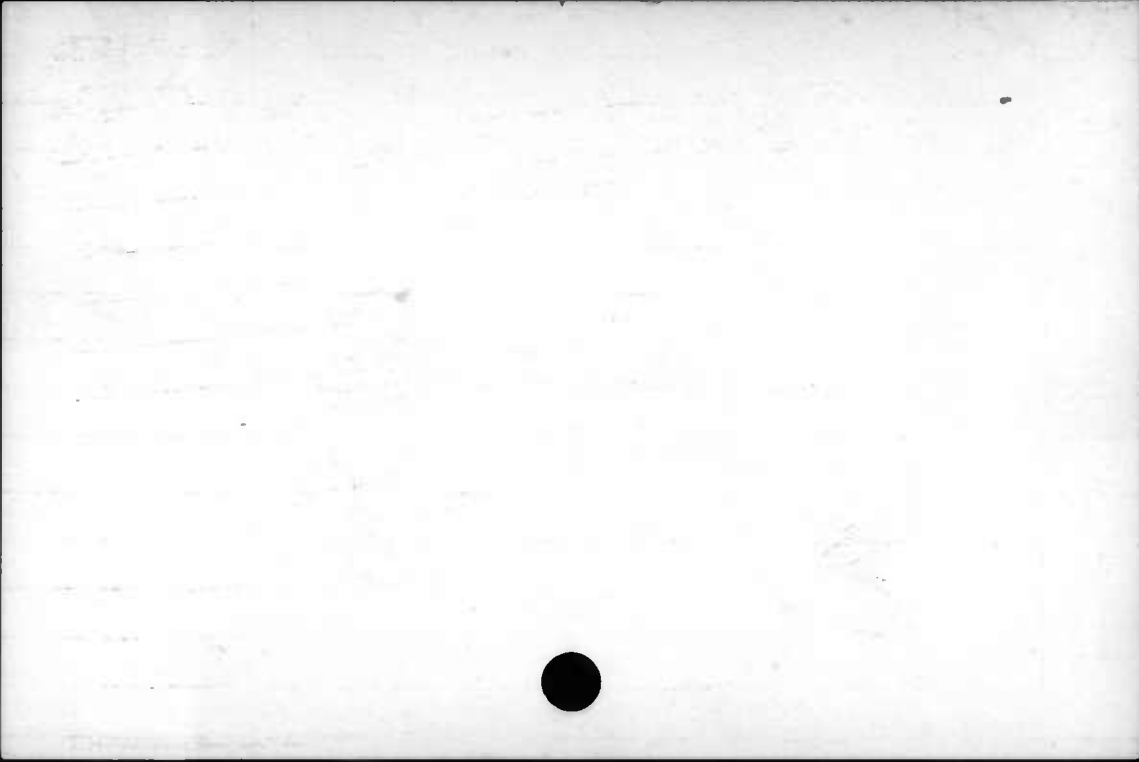
Accident or Suicide?

no
no

Madam Cawood
West View Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

George A. Colburn

CERTIFICATE OF DEATH

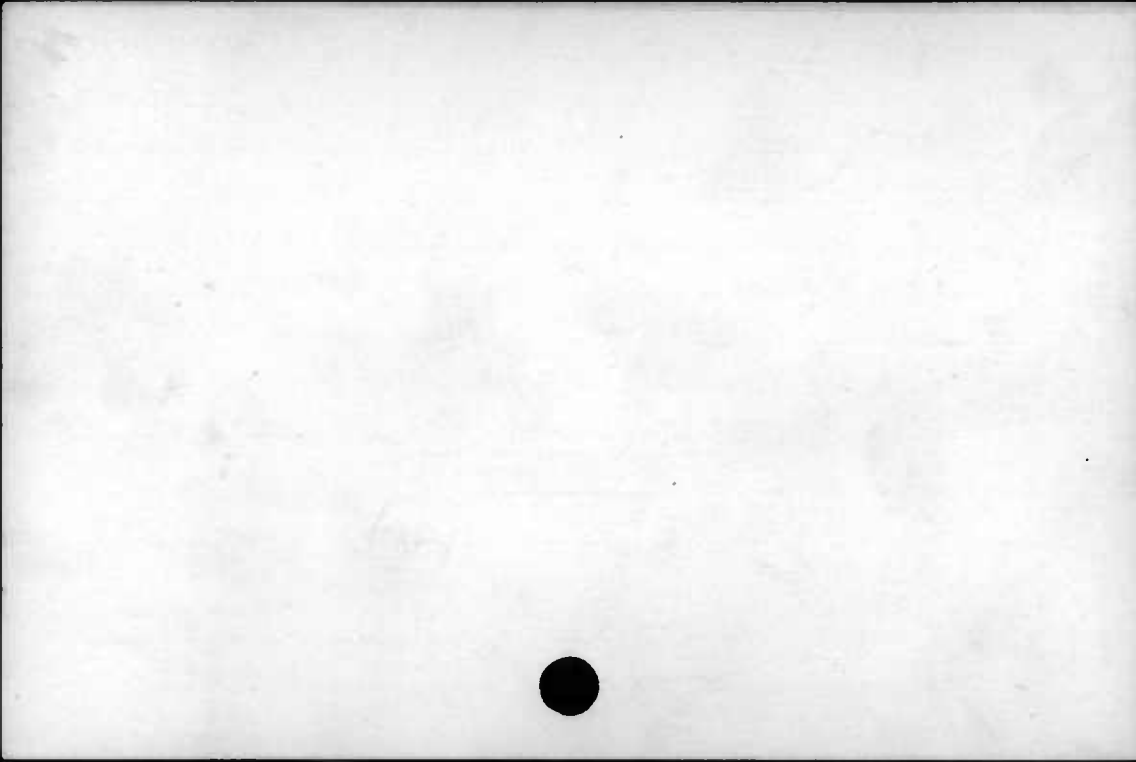
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>a a. c</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>54</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Seven</i>		
Occupation <i>Lab or</i>			Where Residing If not at place of death <i>74 Cathedral</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Ellen Colburn</i>				
Father's Name <i>James Colburn</i>	Father's Birthplace <i>a. a. c</i>				
Mother's Maiden Name <i>Marcell Johnson</i>	Mother's Birthplace <i>a. a. c</i>				
Name of person giving information <i>Benj. L. Linn</i>			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	<input checked="" type="radio"/> Long	<i>One hour</i>
Immediate		<input type="radio"/> How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Hennie Cooper

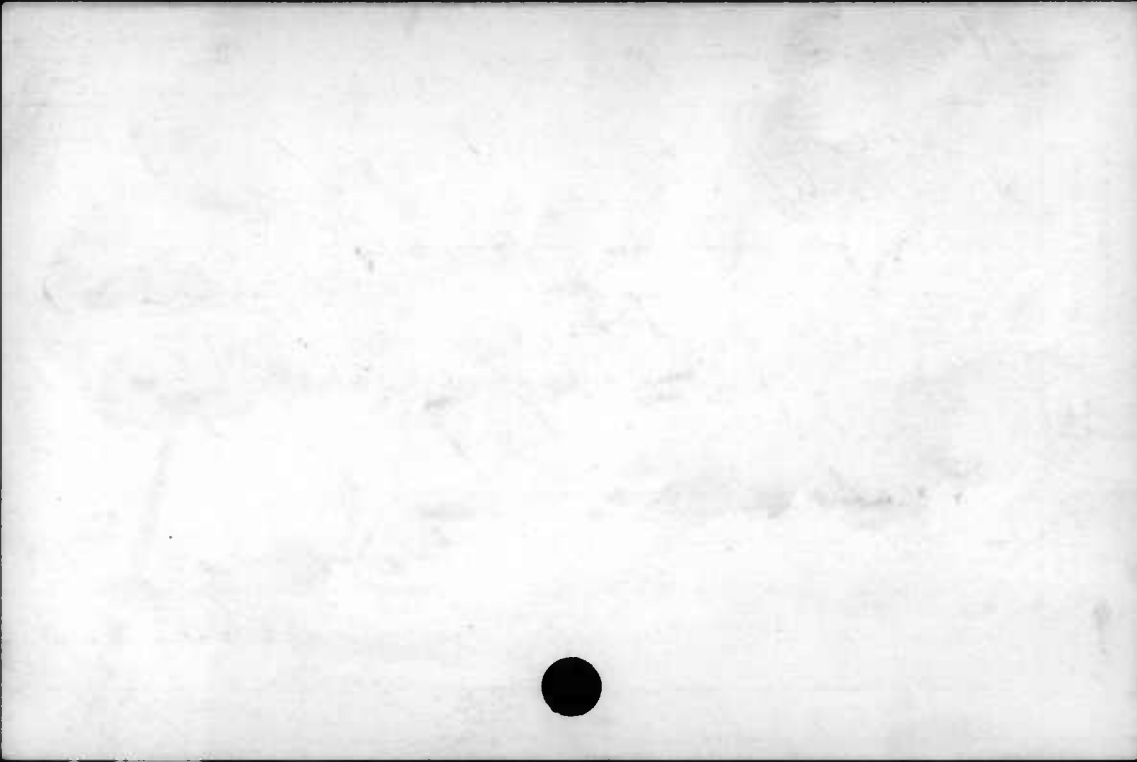
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Aug	26	3	1		
Sex	Color or Race		Birth place				
Female	Colored		Annapolis				
Occupation	Where Residing if not at place of death						
Domestic		241 Albert St.					
Married, Single or Widowed	Name of Wife or Husband						
Widowed	John Cooper						
Father's Name	Father's Birthplace						
Thomas F. Fry	Kentucky						
Mother's Maiden Name	Mother's Birthplace						
Mary E. Thomas	Ala. Col.						
Name of person giving information	How related to deceased						
Thomas Fry	Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	27	How long	Six Months
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		John Ridout M.D.			
		Address			
		Annapolis			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>An. An.</i>	
Date of death <i>1905</i>		Month <i>Aug.</i>	Day <i>6</i>	Age <i>39</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mr. Dadds</i>			
Father's Name <i>George Thersold</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Caroline Kline</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>John Thersold</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>24 hours</i>
Immediate <i>Surgical shock following operation</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John Purvis M.D.</i>
	Address <i>Annapolis, Maryland</i>
Accident or Suicide? <i>No.</i>	

Handwritten text, possibly a signature or initials, in dark ink on a light background. The text is illegible due to the quality of the scan.



Name
in
Full

Geo C. Dressel.

CERTIFICATE OF DEATH

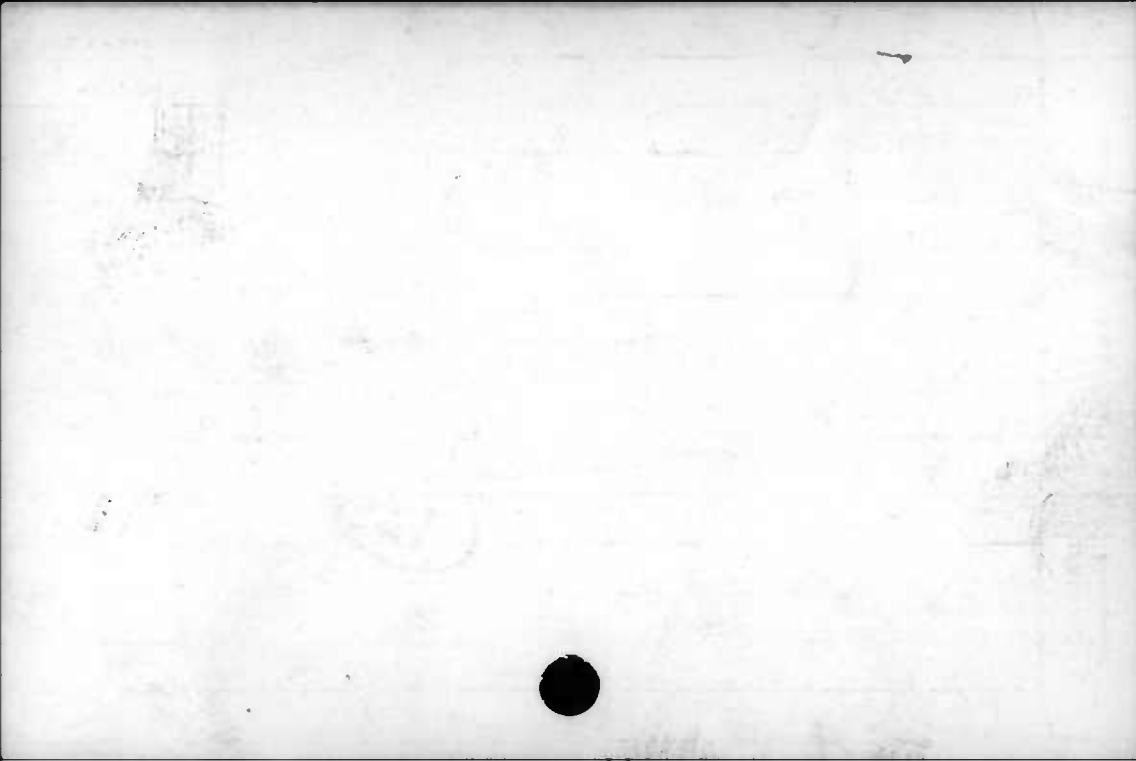
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month <i>Aug.</i>	Day <i>24</i>	Years <i>49</i>	Months <i>—</i>	Days <i>11</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Balto Md</i>
Occupation	<i>Merchant</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wite or Husband				
Father's Name	<i>John Dressel</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Heneretta Cooper</i>					Mother's Birthplace	<i>" "</i>
Name of person giving In formation	<i>Dora Colison</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>1 Year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Wm S. H. Lee J.P.</i>
		Address	<i>Acting coroner</i>
Accident or Suicide?			



Name
in
Full

Mary A. C. Duroall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Date

Aug. 30

Ann. Arundel

Date

1905 Aug. 30

Age

70

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Jersey

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Chas. R. Duroall

Father's
Name

Henry Pye

Father's
Birthplace

Ind

Mother's
Maiden Name

Sarah Boone

Mother's
Birthplace

Ind

Name of person giving
information

Wm. E. Duroall

How related
to deceased

Son

CAUSES OF DEATH

Primary

Proctitis & Dysentery

How long

8 weeks

Immediate

Anaemia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. J. B. Duroall

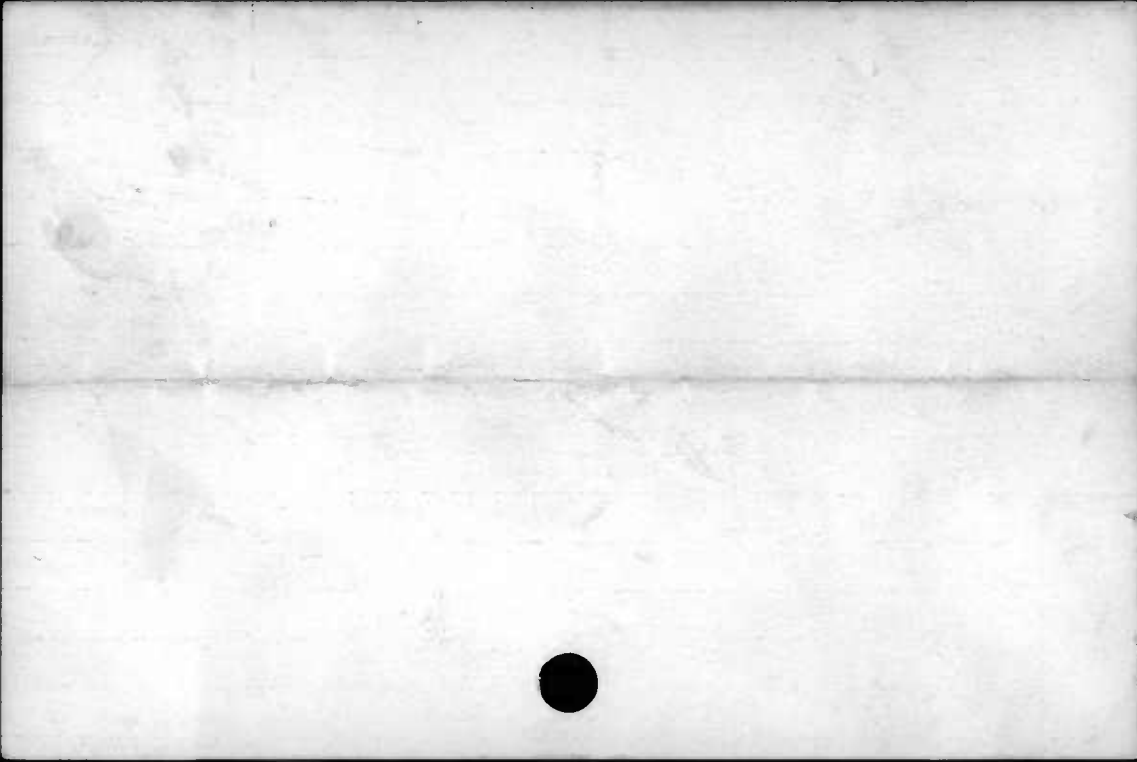
Address

Severna Park

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green</i> Town <i>Annapolis</i>		County <i>A A</i>		MARYLAND	
Date of death	1905	Month	Aug	Day	11
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Annapolis</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>John Green</i>			Father's Birthplace <i>A A Co. Md</i>		
Mother's Maiden Name <i>Margaret Berry</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving information <i>John Green</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Born with Cold and Quins</i>	How long	<i>179</i>
Immediate	<i>Born with Cold and Quins</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Physicia</i>	
		Address <i>Holly & Eldredges Undertakers</i>	
Accident or Suicide?			



Name
in
Full

Charles H. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Millersville* Town *A. A.* County
Date of death *1905* Month *Aug.* Day *14* Age *17* Years *11* Months *11* Days
Sex *Male* Color or Race *B-* Birth-place *A. A. Co. Md*
Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Wesley Hall*Father's
Birthplace*A. A. Co. Md*Mother's
Maiden Name*Margaret Ennis*Mother's
Birthplace*Calvert*Name of person giving
In formation*Wesley Hall*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 mos.

Immediate

Exhaustion

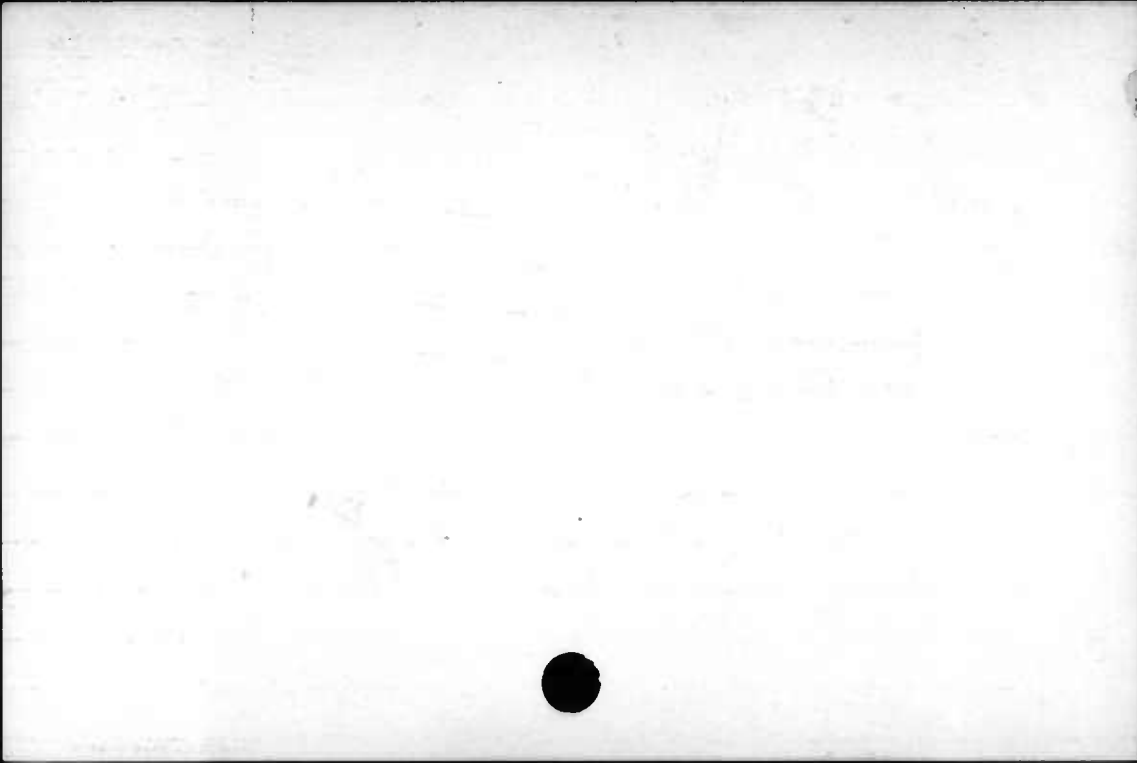
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. B. Gantt*

Address

Millersville

Accident or Suicide?



Name
in
Full

John Henry Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	Aug	13	38			
Sex	Male		Color or Race	Colored		Birth-place	South River Ind
Occupation	ex Soldier			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Harris					Father's Birthplace	Va
Mother's Maiden Name	Lizzie Giles					Mother's Birthplace	A.A.Co. Ind
Name of person giving information	John Harris					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long	8 months
Immediate	General Dropsy		How long	8 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm. S. Welch
			Address	Annapolis
Accident or Suicide?		no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harriet Hawkins

Died at <u>Chesterfield</u> <u>Anne Arundel</u> <u>MARYLAND</u>	
Date of death <u>1905</u> <u>8</u> <u>5</u>	Age <u>77</u> <u>8</u> <u>Months</u> <u>Days</u>
Sex <u>Female</u> Color or Race <u>White</u>	Birth-place <u>West River Md</u>
Occupation <u>Housewife</u>	Where Residing If not at place of death
Married, Single or Widowed <u>Widowed</u> Name of Wife or Husband <u>Jonathan L Hawkins</u>	
Father's Name <u>Wm Ford</u>	Father's Birthplace <u>West River</u>
Mother's Maiden Name <u>Anneline Phoebe</u>	Mother's Birthplace <u>Don't know</u>
Name of person giving information <u>Jessie Hawkins</u>	How related to deceased <u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u> <u>(15)</u>	How long <u>3 years</u>
Immediate <u>Heart failure</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>JW DuBois MD</u>
	Address <u>Gambells</u>
Accident or Suicide?	<u>Old</u>



Name
in
Full

CERTIFICATE OF DEATH

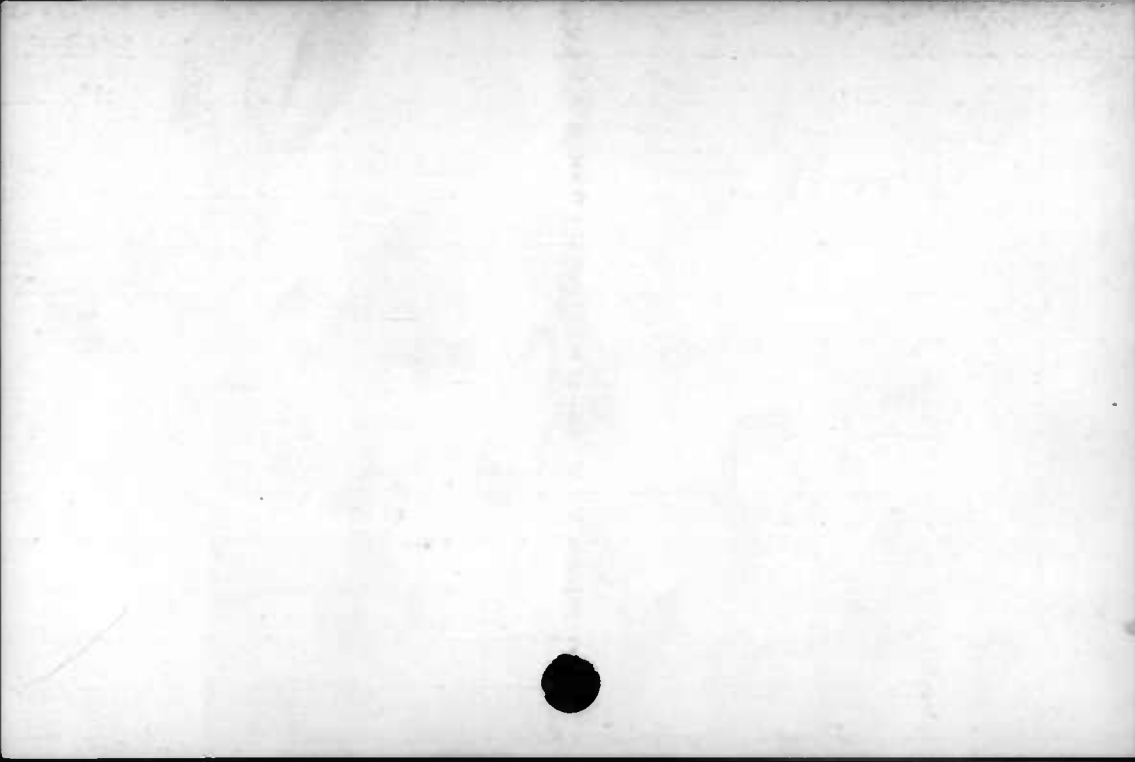
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

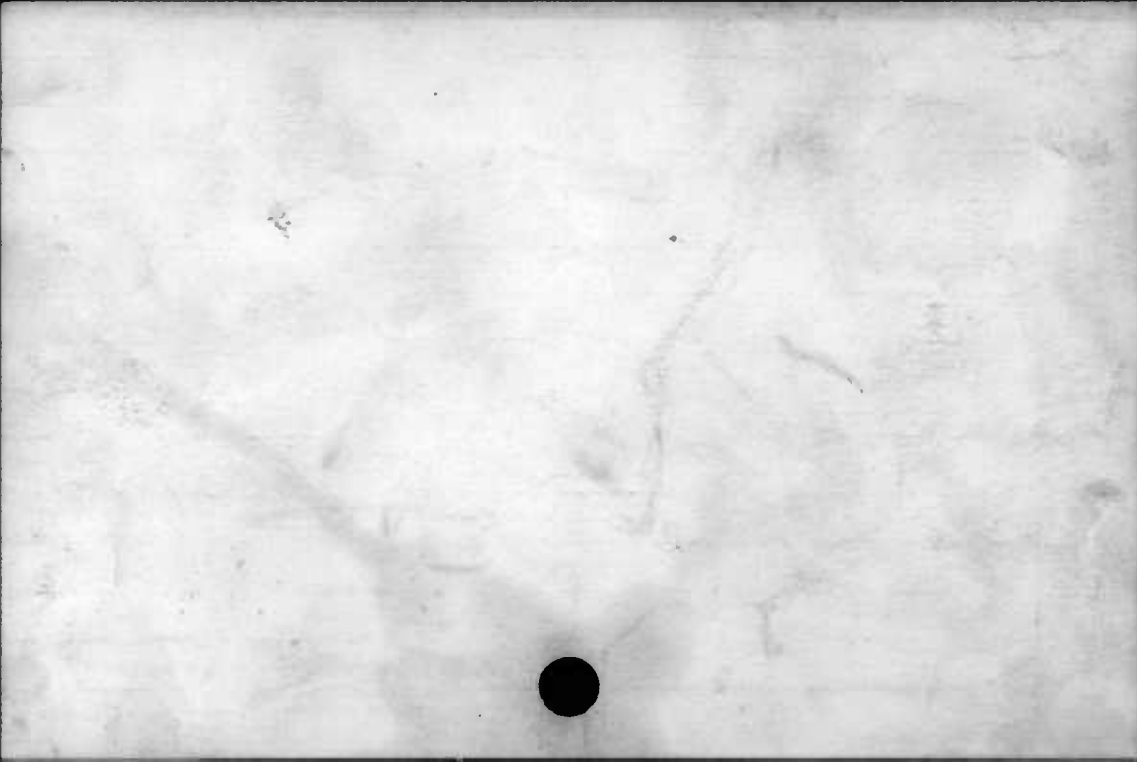
Name *Mamie Hebron*
Died at *Annapolis Junction* ^{Town} CountyDate of death *1905* ^{Month} *8* ^{Day} *27* ^{Years} *—* ^{Months} *one* ^{Days} *—*Sex *Female* Color or Race *Colored* Birth-place *Annapolis Junction Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Frank Hebron* Father's Birthplace *Md*Mother's Maiden Name *Mabel Simms* Mother's Birthplace *Md*Name of person giving information *Frank Hebron* How related to deceased *Father*

CAUSES OF DEATH

Primary *—* How long *—*Immediate *Convulsions* How long *one hour*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Rev. J. Hammond*Address *Jessup Md*Accident or Suicide? *no*



Name in Full		Sarah Elizabeth Hopkins				Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Annapolis Md		a. d. c.		MARYLAND				
		Date of death		190	5	27	Age		Years		Months	Days
		Sex		Female		Color or Race		Colored		Birth-place		Annapolis md
		Occupation				Where Residing if not at place of death		Place of Washington Tenn et				
		Married, Single or Widowed		Single		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name		Thomas Hopkins				Father's Birthplace		Prince George Co		
		Mother's Maiden Name		Ella Hopkins				Mother's Birthplace		Annapolis md		
		Name of person giving information		Thomas Hopkins				How related to deceased		father		
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Marasmus				How long		Months		
		Immediate		Exhaustion				How long				
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		John Bidout		
								Address		Annapolis Md		
		Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

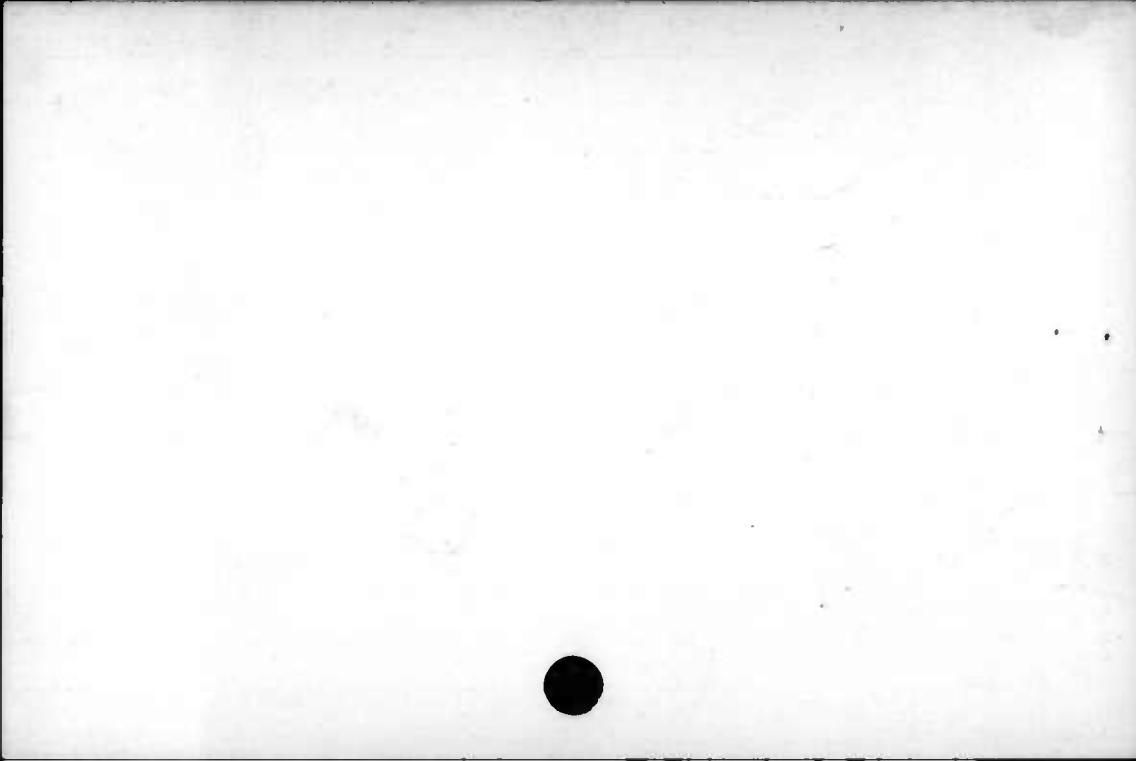
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>3</u> <u>2</u> Town <u>Anne Arundel</u> County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>29</u>	Age <u>45</u>
Sex <u>Female</u>	Color or Race <u>Col</u>	Birth-place <u>md</u>	Months <u>—</u> Days <u>—</u>
Occupation <u>House Keeper</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Charles Henry</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Thomas</u>	Mother's Birthplace <u>md</u>		
Name of person giving information <u>Charles E. Johnson</u>	How related to deceased <u>son</u>		

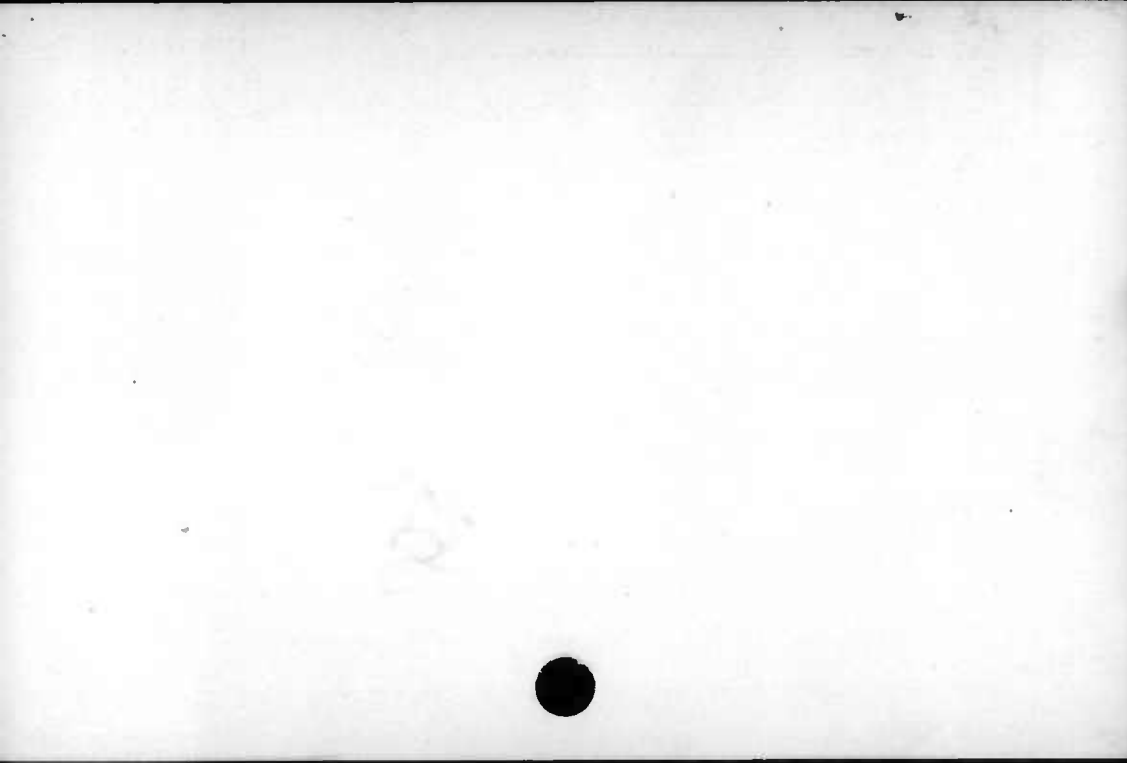
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>8 months</u>
Immediate <u>Exhaustive</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Ridout</u>
	Address <u>St Margarets</u> <u>A. A. Co.</u>
Accident or Suicide? <u>—</u>	



Name in Full		(Infant 1)		Johnson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annapolis</i>		County		MARYLAND	
		Date of death <i>1905 Aug 30</i>		Age <i>—</i>		Months <i>—</i> Days <i>1</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
		<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Charles Johnson S.</i>		Father's Birthplace <i>Annapolis</i>			
		Mother's Maiden Name <i>Naomi Johnson</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Chas Johnson</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Probably Cyanosis S.</i>				How long	
		Immediate <i>" Asphyxia S.</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>None in attendance Investigated by Health Officer</i>	
		Address <i>—</i>					
		Accident or Suicide? <i>—</i>					



Name
in
Full

Frances Jones

CERTIFICATE OF DEATH

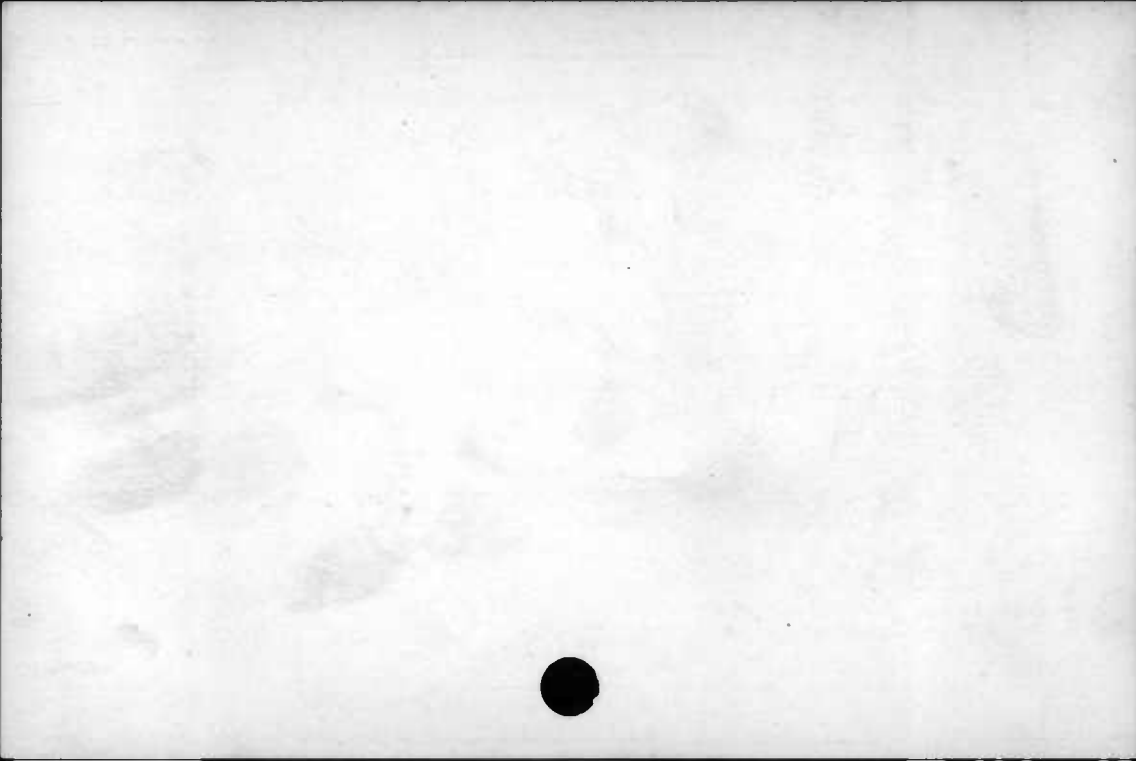
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Art		MARYLAND	
Date of death		1905	Month August	Day 14 th	Age 78 yrs	Months	Days
Sex Female		Color or Race colored		Birth- place Art Co.			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Husband Wm Jones					
Father's Name Henry Lane		Father's Birthplace Art Co.					
Mother's Maiden Name Matilda Lane		Mother's Birthplace Art Co.					
Name of person giving In formation Philip Jones		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	Several months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.	
yes		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

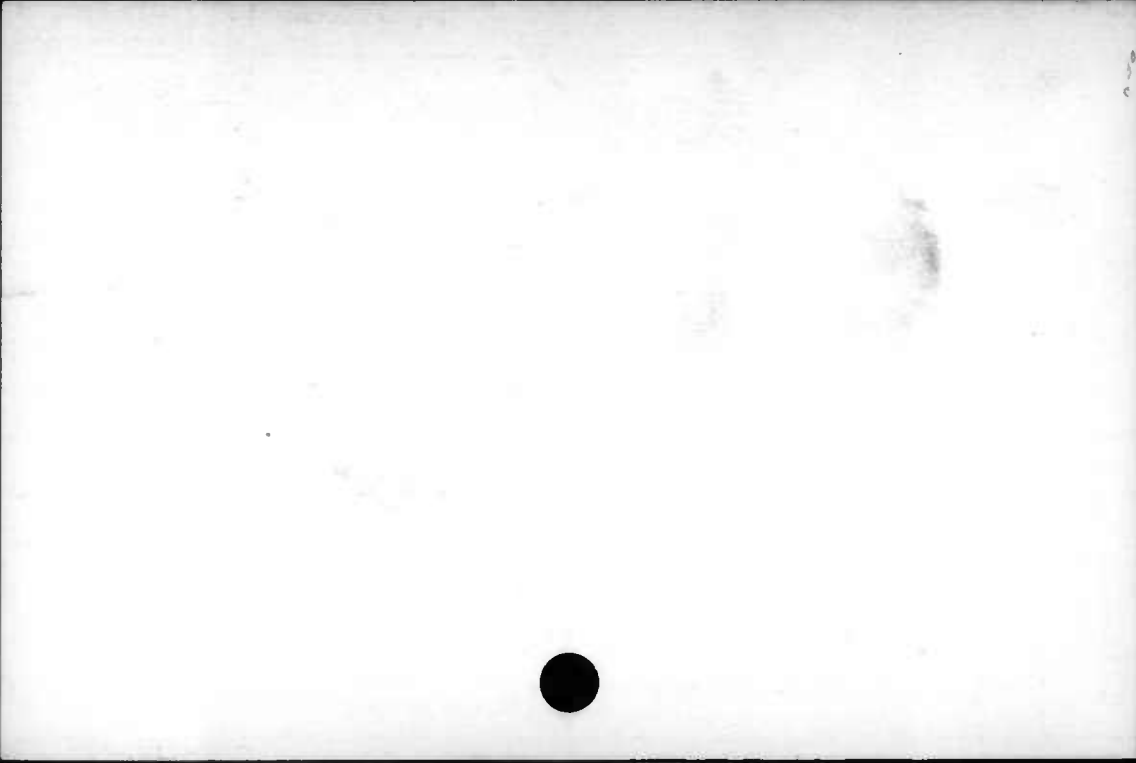
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Vellie B. T. Joyce		County		Anne Arundel		MARYLAND	
Died at		Benfield		Town		Benfield		MAY 16 1905	
Date		1905		Month		8		Day	
of death		31		Age		3		Years	
Sex		Female		Color or Race		African		Birth-place	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		C C Joyce		Father's Birthplace		Va			
Mother's Maiden Name		Margaret Chapman		Mother's Birthplace		Crossroads			
Name of person giving information		C C Joyce		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	from birth
Immediate	Do	How long	Do
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. DuBois MD
		Address	Gambells
Accident or Suicide?			MD



Name
in
Full

CERTIFICATE OF DEATH

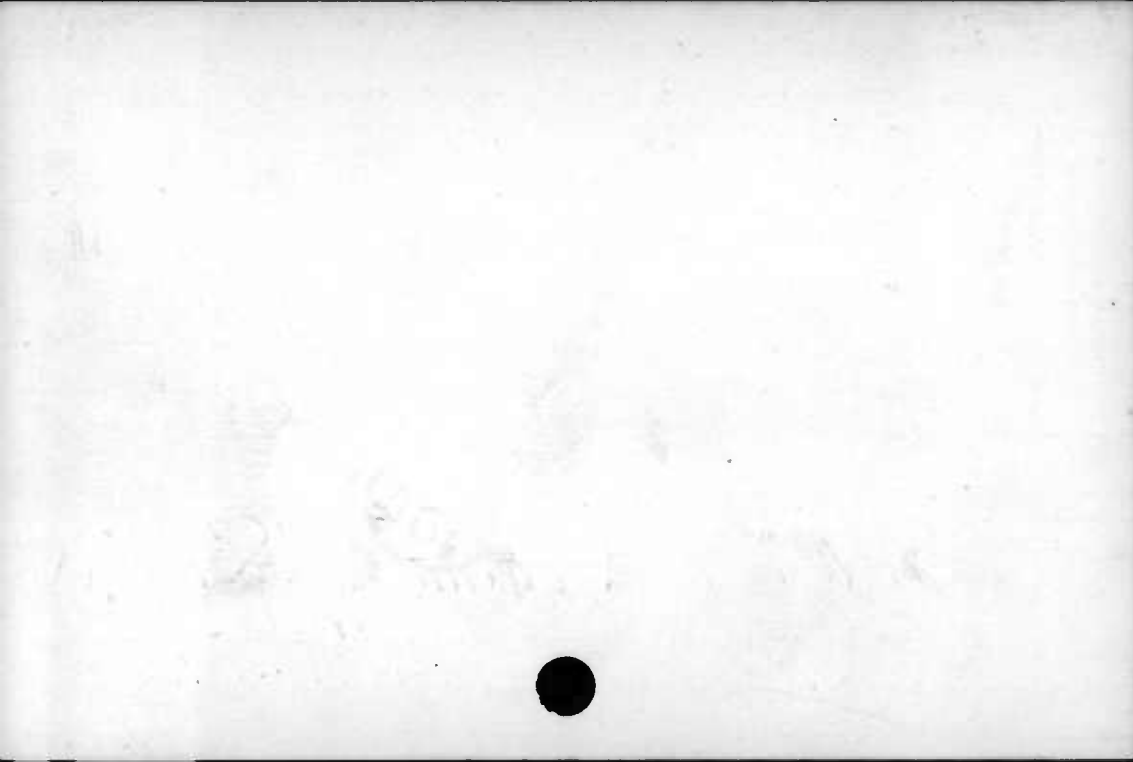
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>Aug.</i>	Day <i>13th</i>	Years <i>87.</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Inelbansy</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>H. P. Graham</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>One week</i>
Immediate <i>Old age and Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Wells</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Harry Welch Lamb

CERTIFICATE OF DEATH

Died at ^{Town} Grover Lawn ^{County} A A Co.

MARYLAND

Date of death | 905 August 7 Age — Months 3 Days 4

Sex Male Color or Race White Birth-place A A Co

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Will E Lamb Father's Birthplace A. A. Co.

Mother's Maiden Name Corry V. Burk Mother's Birthplace A A Co.

Name of person giving information Corry V Lamb How related to deceased Mother

CAUSES OF DEATH

Primary Marasmus How long 1 month

Immediate Exhaustion How long 2 days

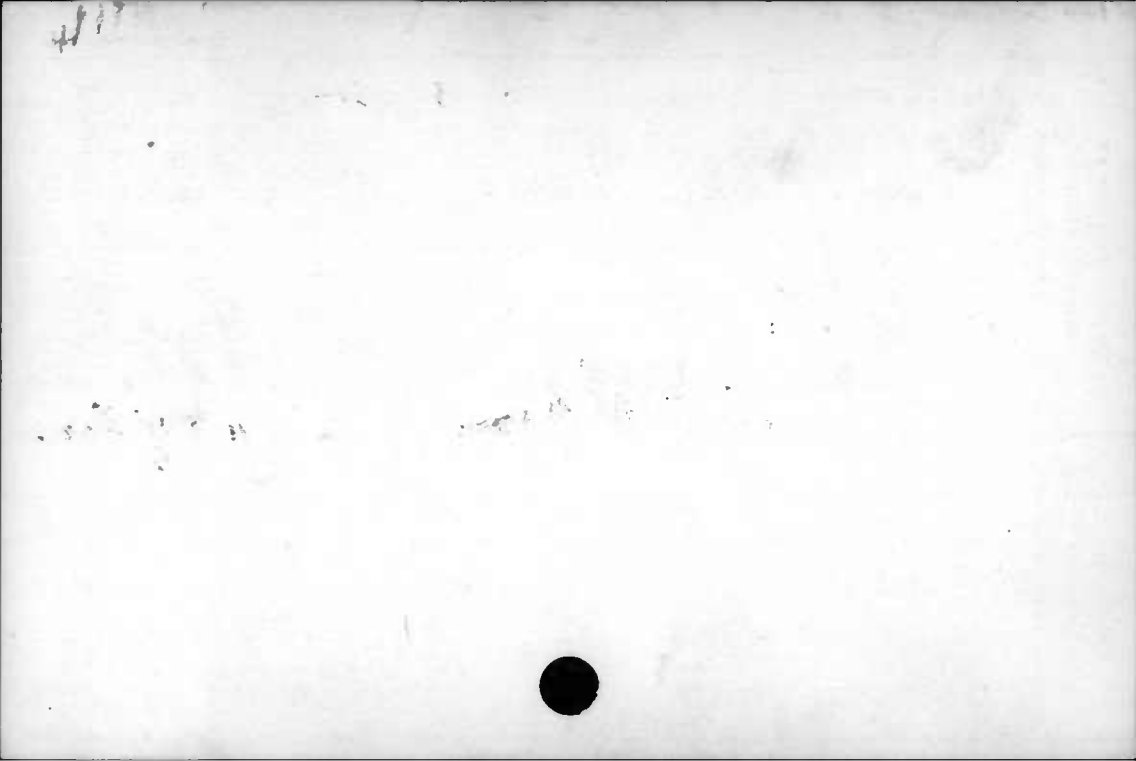
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. S. Welch

Address Annapolis

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

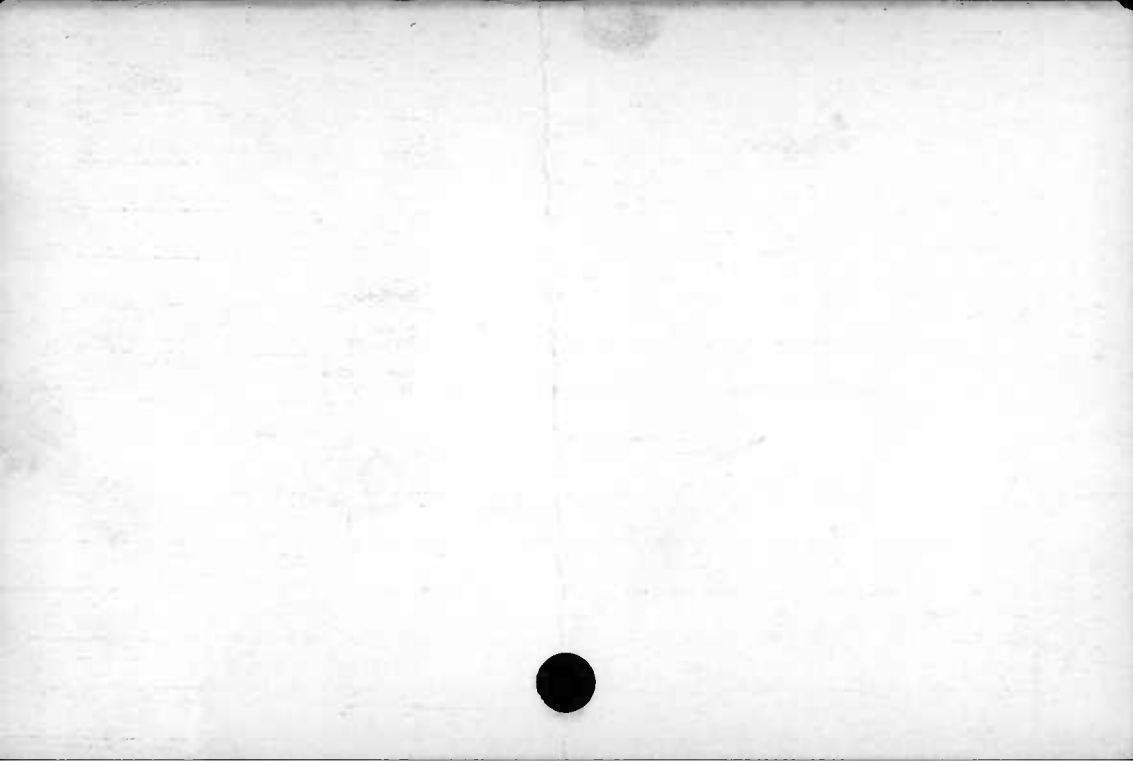
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leon</u> Tcwn		<u>Lane Md</u> County		MARYLAND	
Date of death	190 <u>5</u> Aug <u>Aug</u>	Day	<u>21</u>	Years	<u>0</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>A. A. Co. Md.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Charles Lane</u>			Father's Birthplace	<u>Balverh Co. Md.</u>
Mother's Maiden Name	<u>Edna Humphreys</u>			Mother's Birthplace	<u>A. A. Co. Md.</u>
Name of person giving information	<u>Edna Lane</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inanition</u>	How long	<u>15³</u>	How long	<u>7 days</u>
Immediate					
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Alfred H Perri</u>		
		Address	<u>McKendree, Md.</u>		
Accident or Suicide?					



Name
in
Full

Wm

Mc Gowan

CERTIFICATE OF DEATH

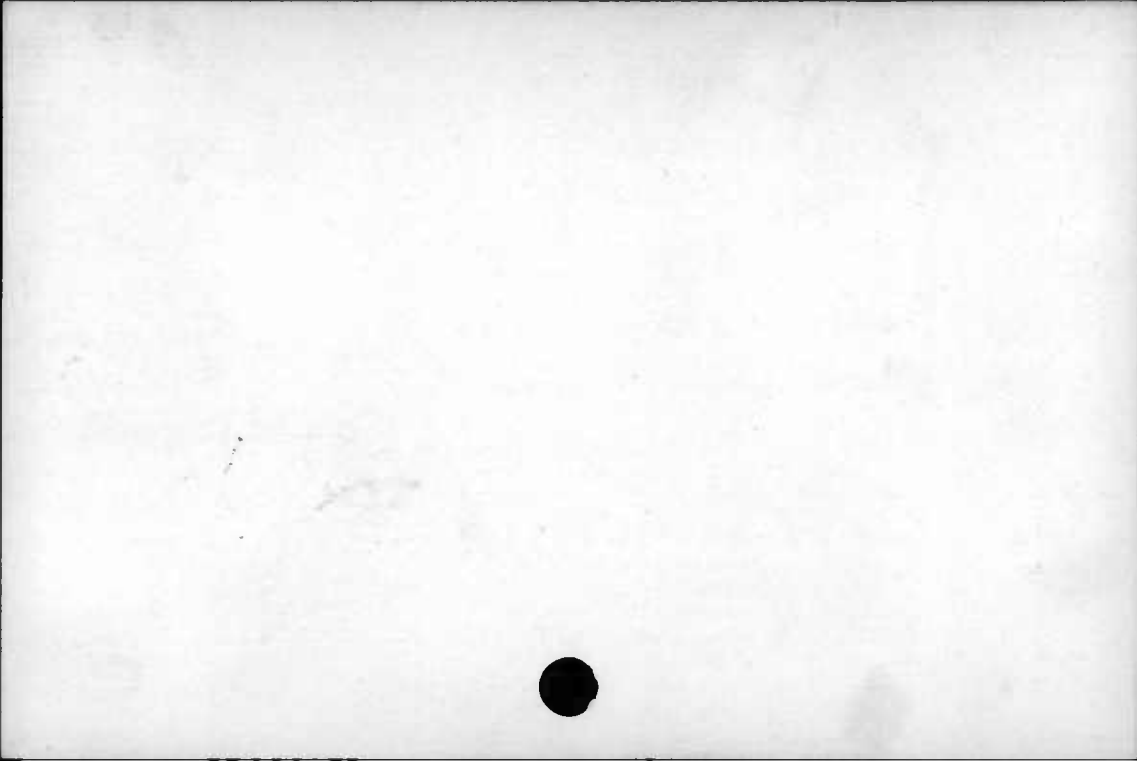
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
1905		August	14 th	Age	6		
Sex	Male	Color or Race	colored	Birth-place	Annapolis		
Occupation	child			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John G. Mc Gowan Jr.			Father's Birthplace		Annapolis
Mother's Maiden Name		Susan Wright			Mother's Birthplace		Annapolis
Name of person giving information		Mother			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-enteritis	How long	Six days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout MD	
		Address	
		Annapolis Md	
Accident or Suicide? °			



Name in Full		Bessie Mackel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Benfield ^{Town}		Anne Arundel ^{County}		MARYLAND	
	Date of death	1905	August	25	Age	38	Months 8 Days
	Sex	Boy		Color or Race	African		Birthplace
	Occupation			Where Residing if not at place of death		Benfield	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Wm Fielder Mackel				Father's Birthplace	Waterbury
PHYSICIAN OR CORONER	Mother's Maiden Name	Hellen Green				Mother's Birthplace	Fort Mills
	Name of person giving information	McDora Edwards				How related to deceased	Grand Mother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	27
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. Du Bois MD	
					Address	Cambridge MA	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Abram Dorsey Mass

Town

County

MARYLAND

Died at Annapolis

A.A.C.

Date

Month

Day

Age

Years

Months

Days

of death 1905

August

8

6

Sex

male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George A. Mass

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Elizabeth Dorsey

Mother's
Birthplace

Annapolis

Name of person giving
information

Elizabeth Dorsey

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Diarrhoea

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

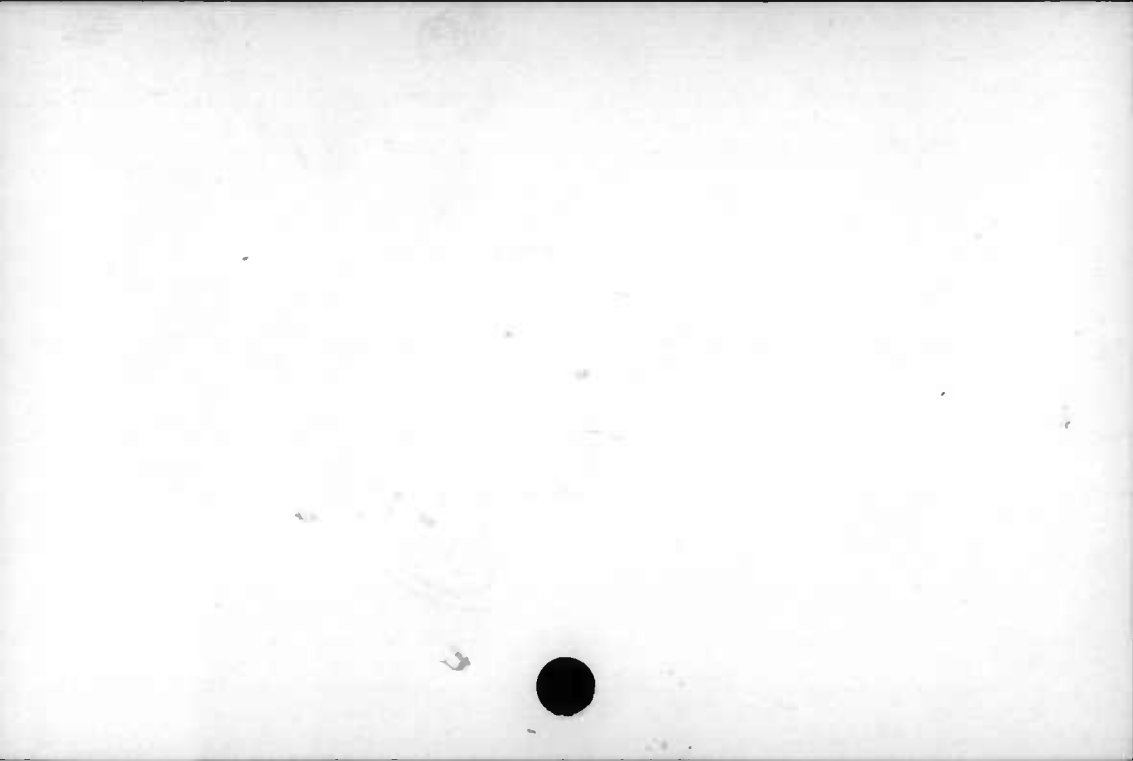
Address

Geo. Wells

Annapolis

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua Murray		County		MARYLAND	
Died at <u>Seven Side</u>		A. A. C.			
Date of death <u>1905 Aug.</u>		Age <u>29</u>		Months <u>7</u> Days <u>7</u>	
Sex <u>Male</u>		Color or Race <u>Color</u>		Birth-place <u>A A C</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Mary Murray</u>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <u>John Murray</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

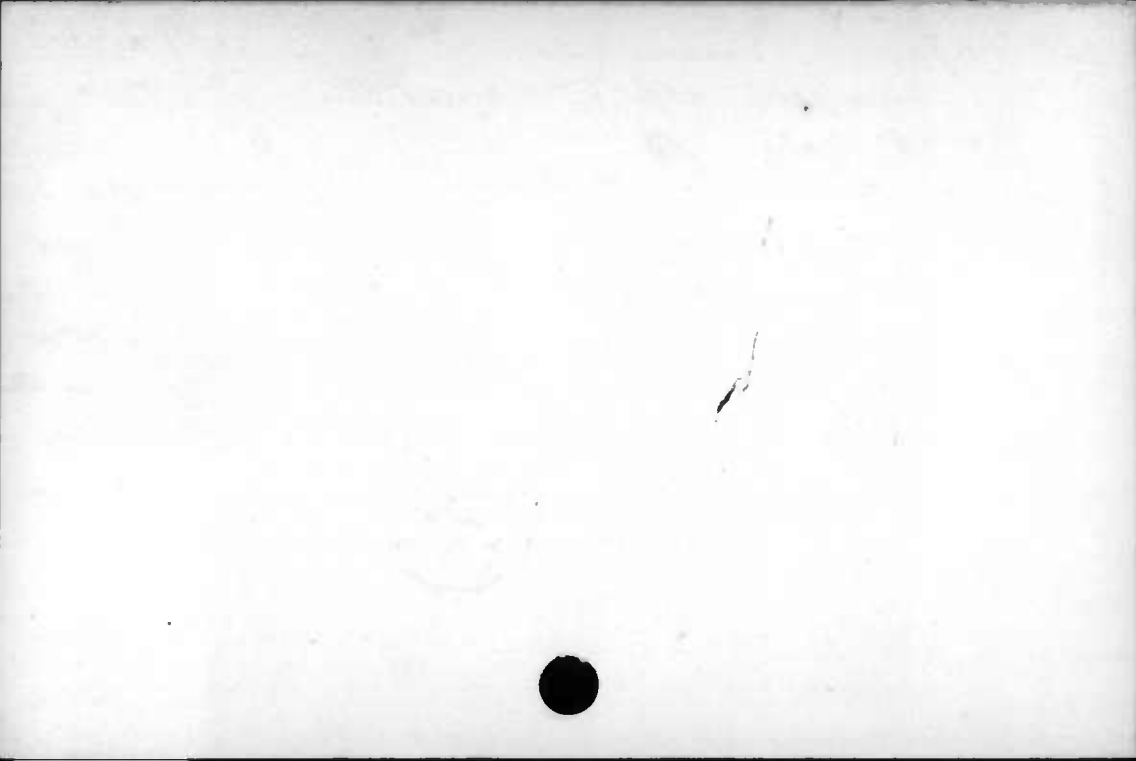
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Sunnyfield
Thomas Parker
 Town ^ County

Died at *Harman* *Anne Arundel* MARYLAND

Date 19 *05* Month *8* Day *20* Y. M. D. Native of *md.* Occupation *—*
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ *Colored* *Single* *Widower* Number of children living *—*

Husband of
 Wife *—*

Father's Name *Clinton S. Parker* Mother's Maiden Name *Fanthy Briggs*

Cause of Death { Primary *Pneumonia* Immediate *Exhaustion* }
 How long sick *8 days*
 Accident, Suicide, Homicide

Reported by *Thos. P. Benson M.D.*

Address *Hanover Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Griffin Lucina

CERTIFICATE OF DEATH

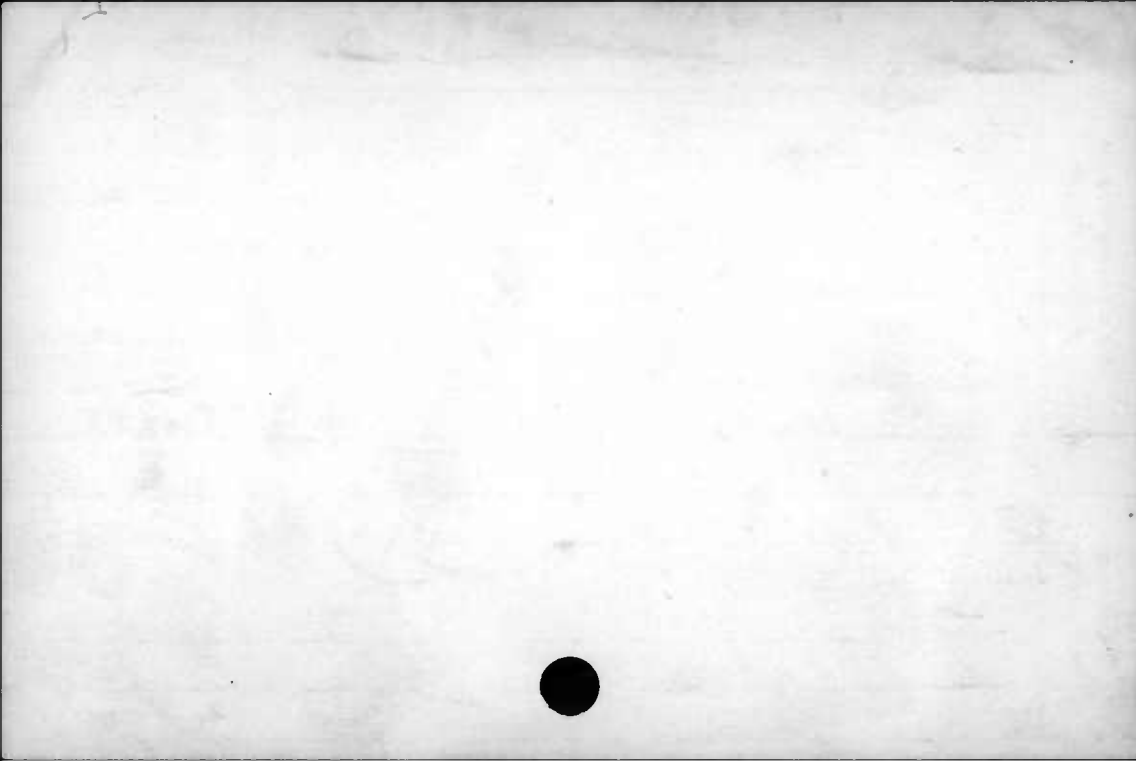
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>Pr. Co.</i>		MARYLAND	
Date of death <i>1906 Aug</i>		Month <i>Aug</i>		Day <i>17</i>		Age <i>0</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Annapolis Md</i>		Months <i>0</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>177 Chestnut St</i>		Name of Wife or Husband <i>—</i>		Name of Father <i>Stagner Lucina</i>	
Married, Single or Widowed <i>Single</i>		Name of Mother <i>Lucina Griffin</i>		Name of Father <i>Stagner Lucina</i>		Name of Mother <i>Lucina Griffin</i>	
Maiden Name <i>Lucina Griffin</i>		Name of person giving information <i>Stagner Griffin</i>		How related to deceased <i>father</i>		Birthplace <i>Annapolis Md</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long <i>179</i> Months
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John Ridout, M.D.</i>
		Address <i>Annapolis Md</i>
Accident or Suicide?		



Name
in
Full

Wilson Leroy Sanders

CERTIFICATE OF DEATH

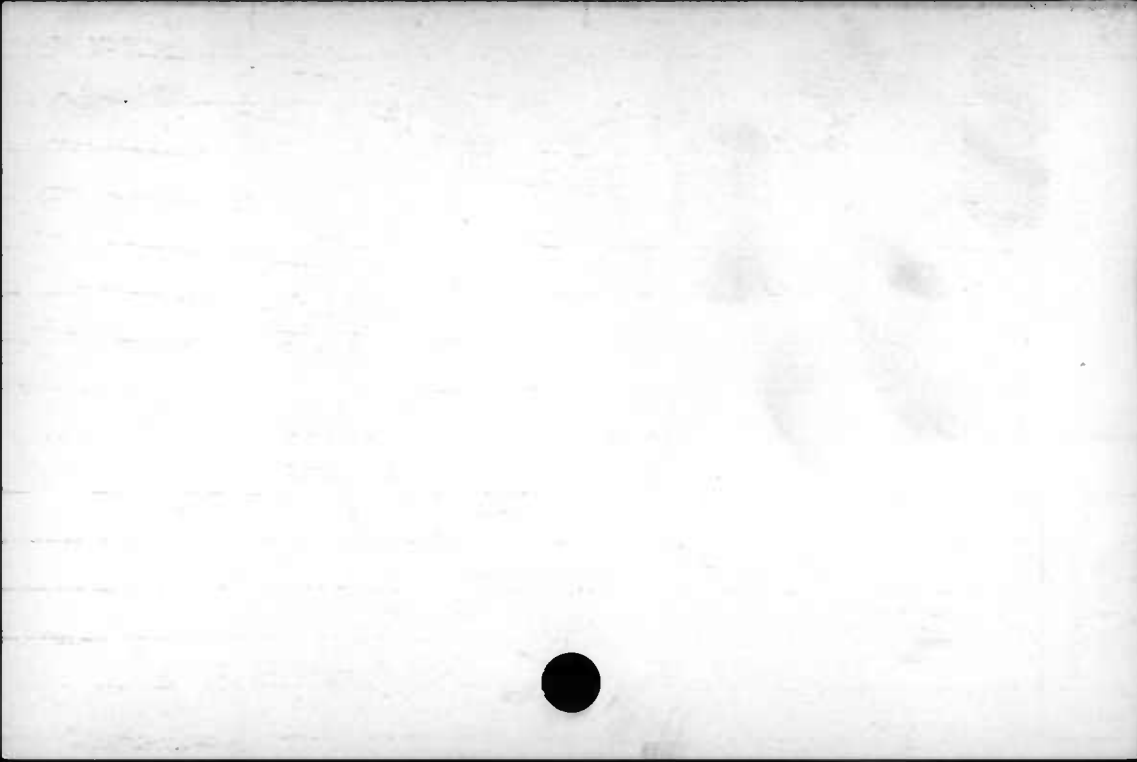
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McKendree</u> <small>Town</small>		<u>June</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Aug.</u> <small>Day</small> <u>13</u> <small>Age</small> <u>0</u> <small>Years</small> <u>6</u> <small>Months</small> <u>—</u> <small>Days</small>	Sex <u>Male</u>		Color or Race <u>Black</u>	Birth-place <u>A. A. Co. Md.</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Sarah Sanders</u>				Mother's Birthplace <u>Md.</u>	
Name of person giving information <u>Edw. Davis</u>				How related to deceased <u>Uncle</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteric Colitis</u>	<u>105</u>	How long <u>1 week</u>
Immediate <u>—</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>	Address <u>McKendree; Md.</u>
Accident or Suicide? <u>—</u>		



Bessie E. Shipley

CERTIFICATE OF DEATH

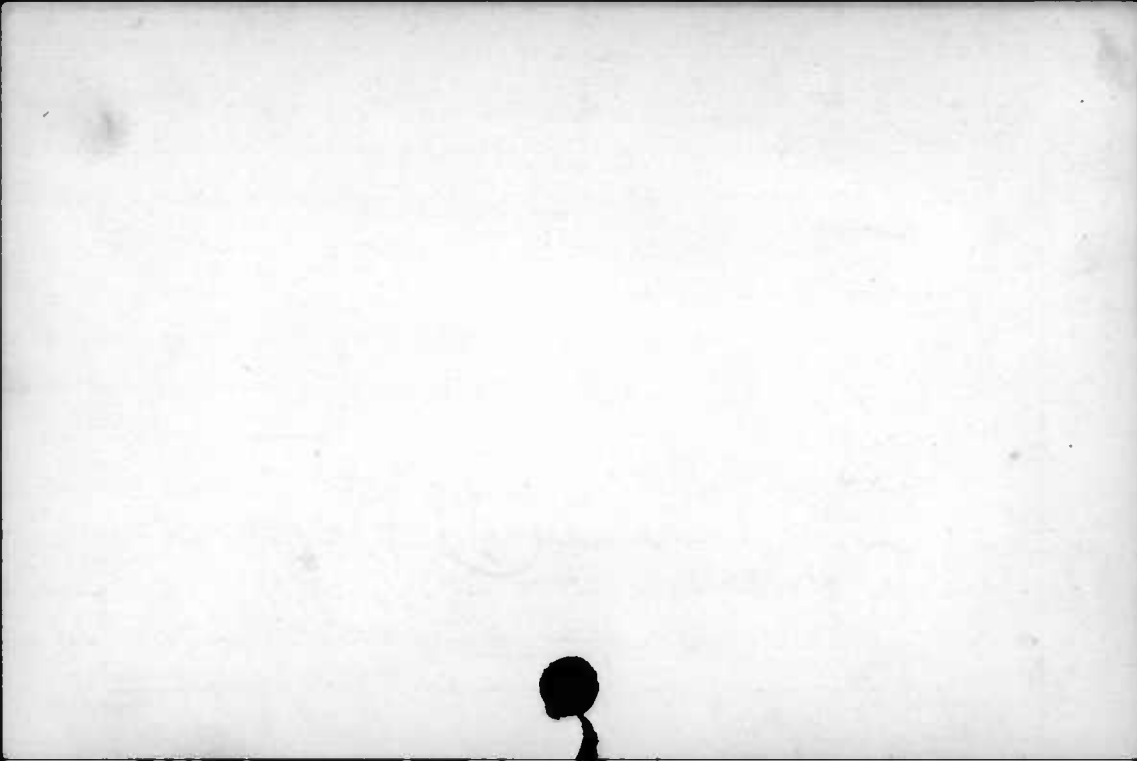
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug.</i>	Day <i>27th</i>	Years <i>29</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Shipley</i>				
Father's Name <i>Wm. Curry</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Elizabeth Garner</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Frank Shipley</i>			How related to deceased <i>Father in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(61)</i>	How long
Immediate <i>Meningitis</i>		How long <i>6 days -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. C. Bennett, M.D.</i>
<i>yes.</i>		Address <i>9 St. John St., Annapolis, Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

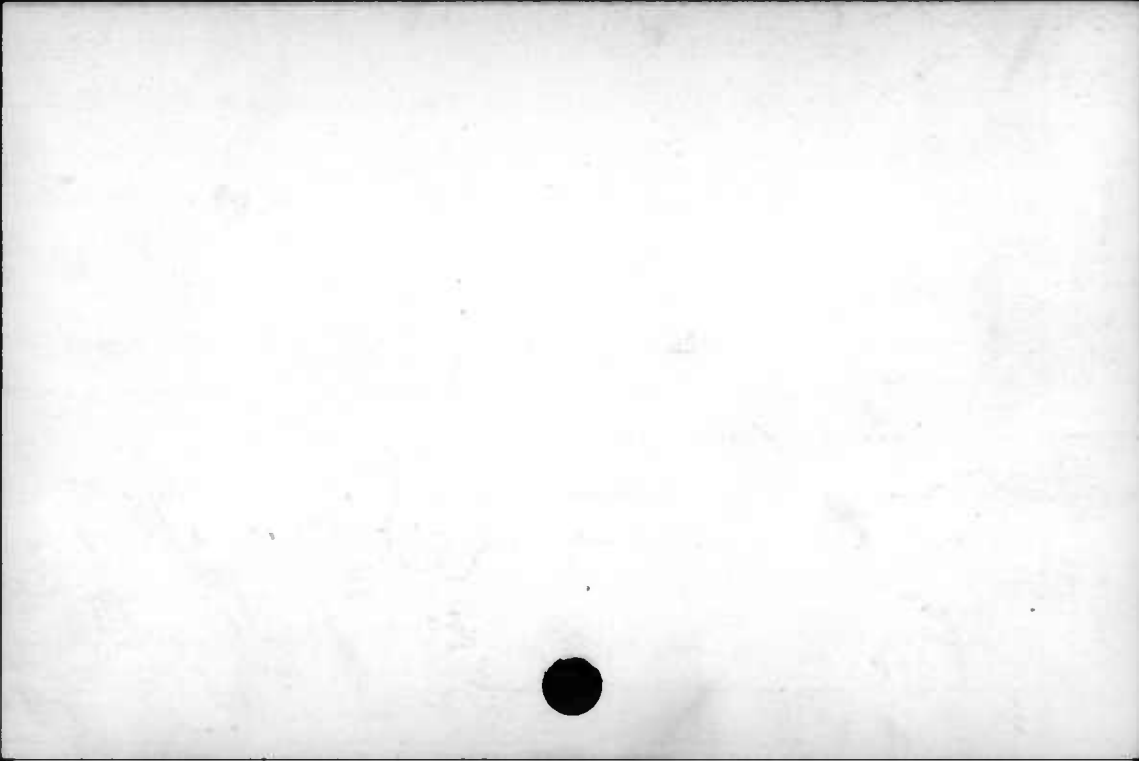
MARYLAND

Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>Prince Georges</i>	
Date of death <i>1905 Aug</i>	Month <i>Aug</i>	Day <i>6</i>	Age <i>27</i>	Years <i>27</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>Soldier</i>			Where Residing if not at place of death <i>169 South St</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Nelson Simms Jr.</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Hemeto Boston</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving information <i>Nelson Simms</i>			How related to deceased <i>father</i>		

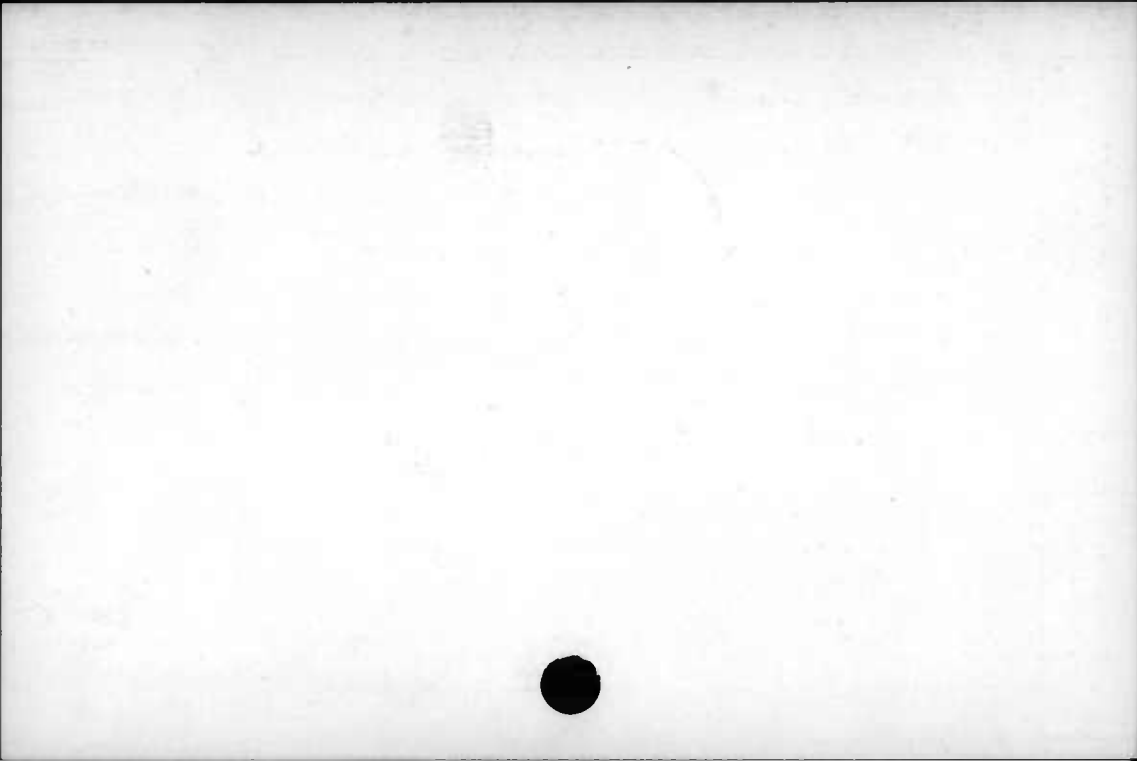
CAUSES OF DEATH

PHYSICIAN
OR CORONER

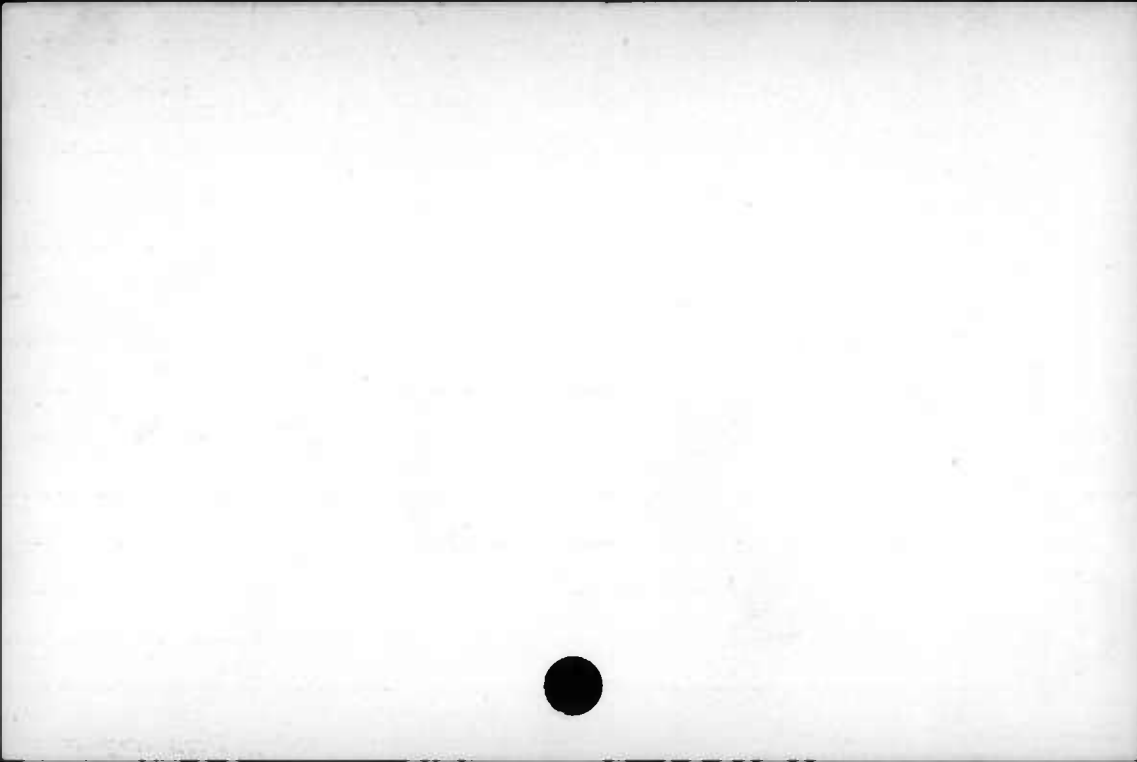
Primary	<i>Paresis</i> (61)	How long: <i>Several months</i>
Immediate	<i>Heart Failure</i>	How long:
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, MD</i>
<i>yes</i>		Address <i>Annapolis Md</i>
Accident or Suicide?		



Name in Full		Town				County		CERTIFICATE OF DEATH	
Wm. V. Smith		Eastport		Aa		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Date of death		Month	Day	Age	Years	Months	Days
		1905		Aug	22			6	
	Sex	Male		Color or Race		White		Birth-place	
	Occupation			Where Residing if not at place of death		Eastport			
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	Robt. E. Smith		Father's Birthplace		Aa Co. Md			
PHYSICIAN OR CORONER	Mother's Maiden Name	Julia Proctor		Mother's Birthplace		Aa Co. Md			
	Name of person giving information	Robt. E. Smith		How related to deceased		Father			
	CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Enterocolitis				How long	2 weeks		
	Immediate	Meningitis				How long			
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Wm. J. Welch		
	Address					Annapolis			
	Accident or Suicide?	No							



Name in Full		Rachel Snodden				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>South River</i> <small>Town</small>			<i>Anne Arundel</i> <small>County</small>			MARYLAND		
		Date of death <i>1905</i>		<i>Aug</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>8</i> <small>Months</small>		<i></i> <small>Days</small>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>				
		Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>						
		Father's Name <i>Horace Snodden</i>				Father's Birthplace <i>Anne Arundel Co</i>				
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Rachel Johnson</i>				Mother's Birthplace <i>Maryland</i>				
		Name of person giving information <i>Rachel Johnson</i>				How related to deceased <i>Mother</i>				
		CAUSES OF DEATH <i>✓</i>								
PHYSICIAN OR CORONER		Primary <i>Whooping Cough</i>				How long <i>8</i>				
		<i>Convulsions</i>				How long <i>3 weeks</i>				
		Immediate <i>Convulsions</i>								
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John Collinson</i>				
PHYSICIAN OR CORONER						Address <i>South River</i>				
		Accident or Suicide?				<i>Ad</i>				



Name in Full		Gertrude Stewart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chunction ^{Town}		A. A. ^{County}		MARYLAND	
	Date of death	1905	May	2	Age	—	Months 5 Days —
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	Unknown				Father's Birthplace	
	Mother's Maiden Name	Amelia Stewart				Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information	Daniel Stewart				How related to deceased	
	CAUSES OF DEATH						
	Primary	Cholera Infantum				How long	5 days
PHYSICIAN OR CORONER	Immediate	Convulsions				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				Chunction		



Name
in
Full

Charles Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3 dis Town Anne Arundel County MARYLAND

Date of death 1908 Aug 27 70 Age 70 Months — Days —

Sex Male Color or Race Col Birth-place md

Occupation Farmer Hand Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Thomas

Father's Name John Thomas Father's Birthplace md

Mother's Maiden Name Married Porten Mother's Birthplace md

Name of person giving information Wm Porten How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption How long 5 years

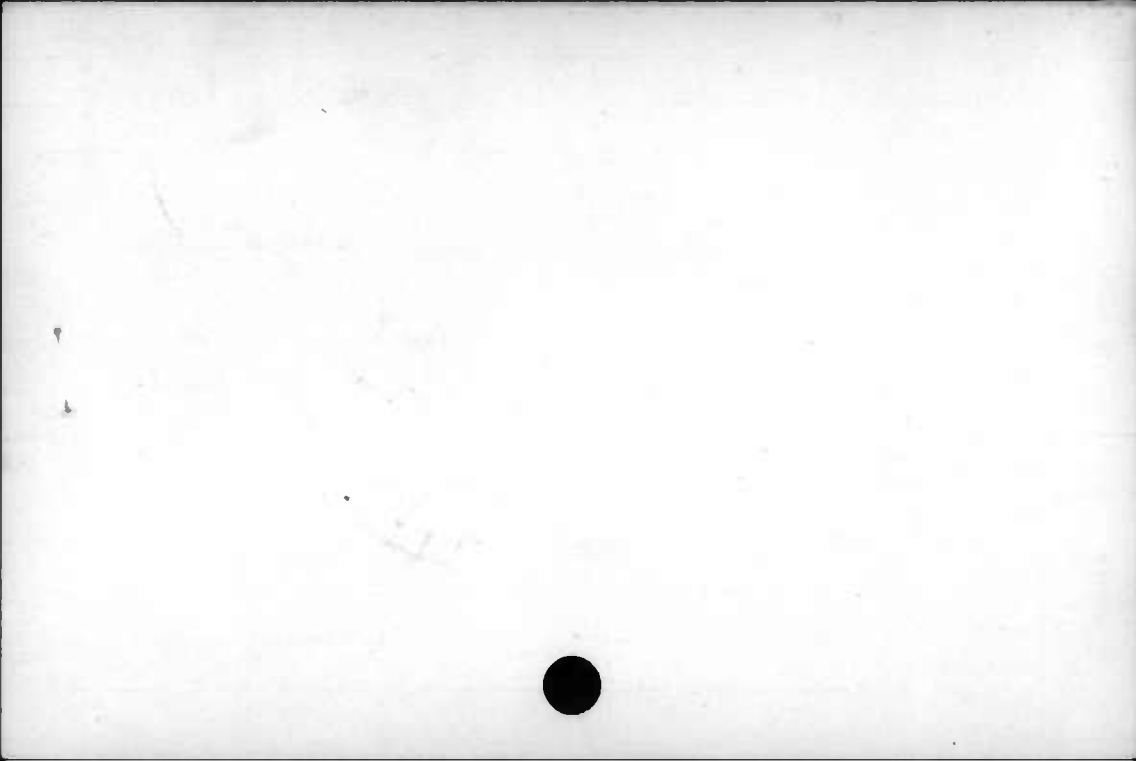
Immediate Hemorrhage How long Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. B. Bidwell

Address St. Marys
A. A. Co.

Accident or Suicide? —



Name
in
Full

Dorothy E. Thomas

CERTIFICATE OF DEATH

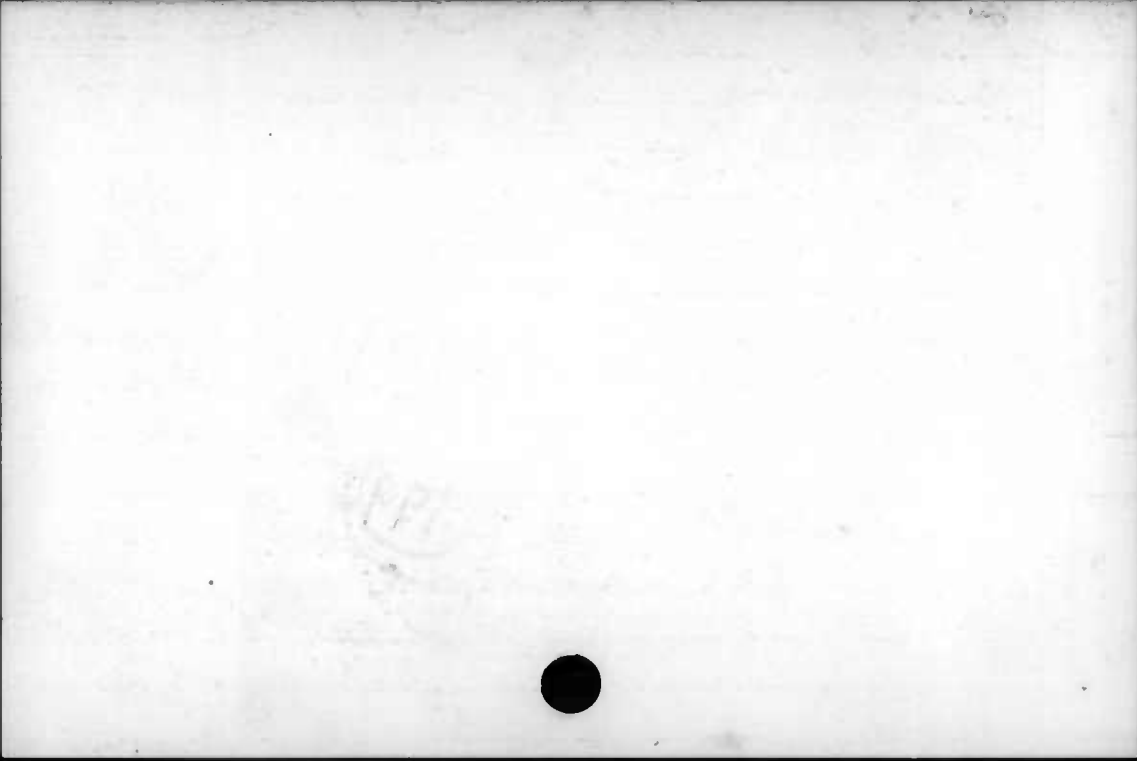
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		^{County} A.A.C.		MARYLAND	
Date of death	1905	Month	August	Day	7
Age	Years		Months		Days
Sex	Female		Color or Race	White	
Birth-place	Annapolis				
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name		Roth L. Thomas		Father's Birthplace	
Mother's Maiden Name		Bessie Daughly		Mother's Birthplace	
Name of person giving information		Bessie Thomas		How related to deceased	
				Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Seven weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
		Address	
		Annapolis	
		Md.	
Accident or Suicide?			



Name
in
Full

Ella Tylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Annapolis^{County} Anne Arundel

MARYLAND

Date of death 1905 Aug

Day 31st

Age Years

Months 7

Days

Sex Female

Color or Race

Cels

Birth-place

Annapolis

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Aaron Tylor

Father's Birthplace

Annapolis

Mother's Maiden Name

Elizabeth Barker

Mother's Birthplace

11 11

Name of person giving information

Aaron Tylor

How related to deceased

Father.

CAUSES OF DEATH

Primary

Marasmus
exhaustion

(179) Months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

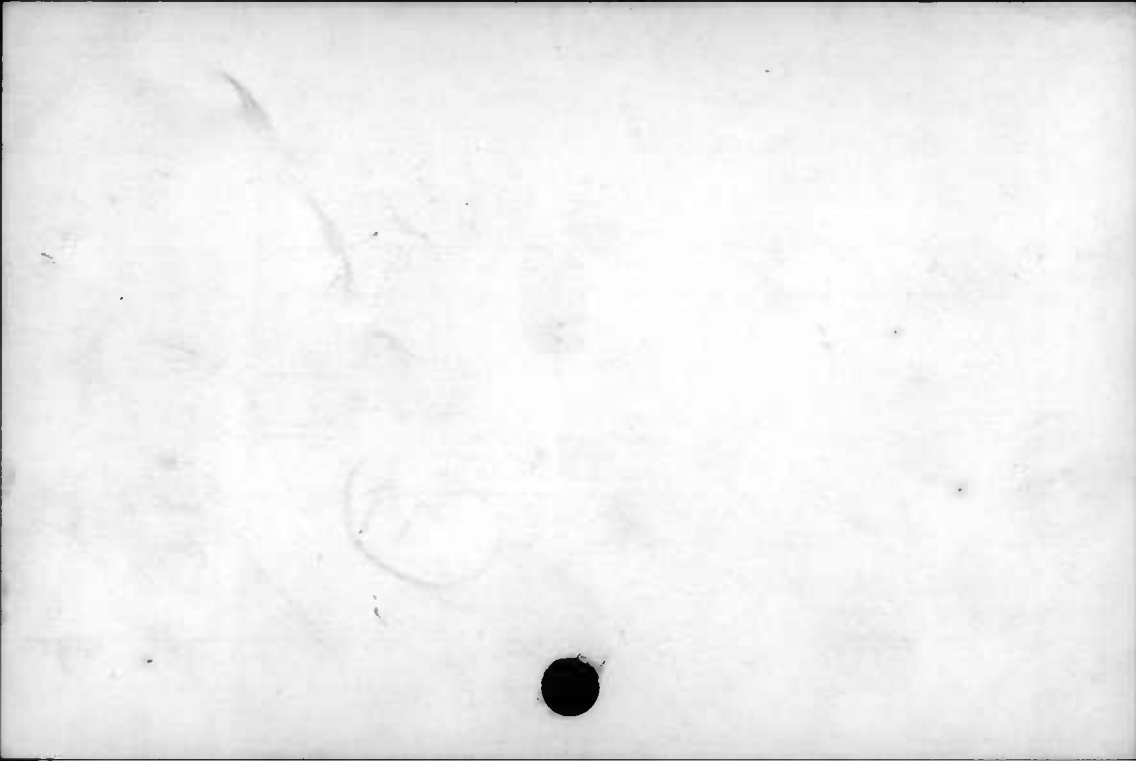
Yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. John H. Wayson,
 Town *Hamrood* County *Anne Arundel*

MARYLAND

Died at *Hamrood* *Anne Arundel*
 Date of death *1906 Aug 13* Age *45* Months *45* Days *45*

Sex *female* Color or Race *white* Birth-place *45*

Occupation *house wife* Where Residing if not at place of death *45*

Married, Single or Widowed *married* Name of Wife or Husband *45*

Father's Name *45* Father's Birthplace *45*

Mother's Maiden Name *45* Mother's Birthplace *45*

Name of person giving information *John H. Wayson* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Carcinoma* How long *two years*

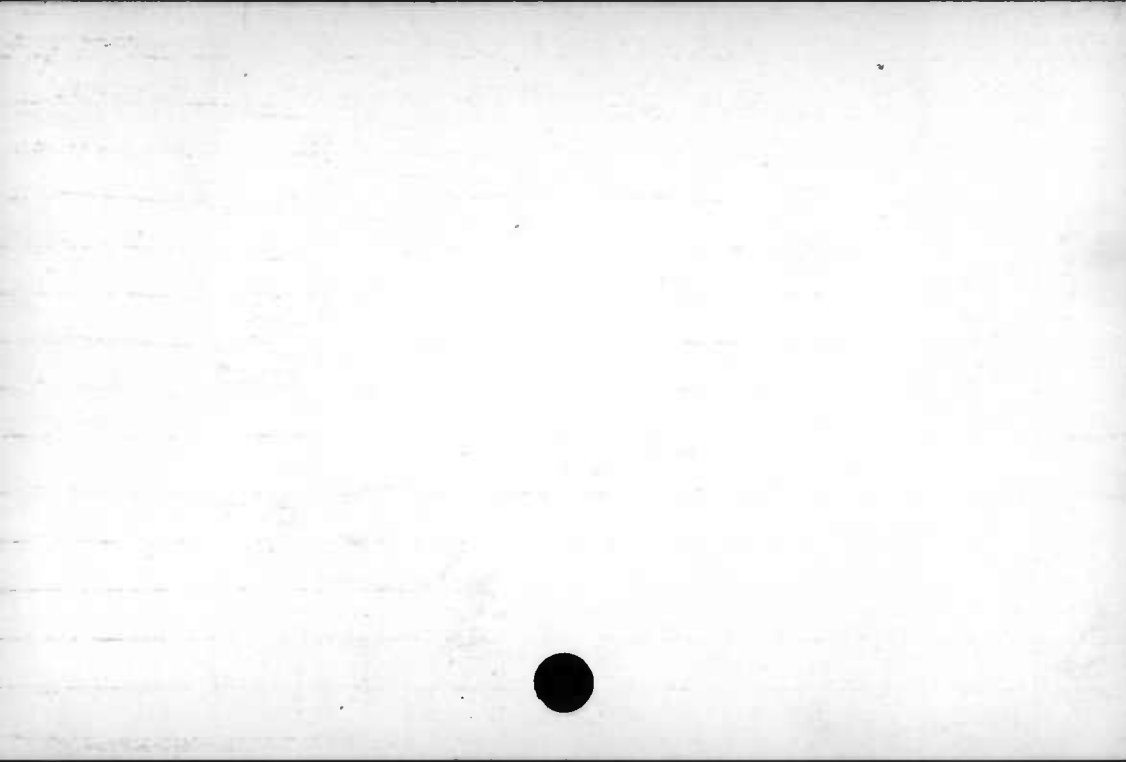
Immediate *Cardiac Failure* How long *3 wks*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *MacLaine Cawood MD*

Address *West River End*

Accident or Suicide? *neither*



Name

in
Full

CERTIFICATE OF DEATH

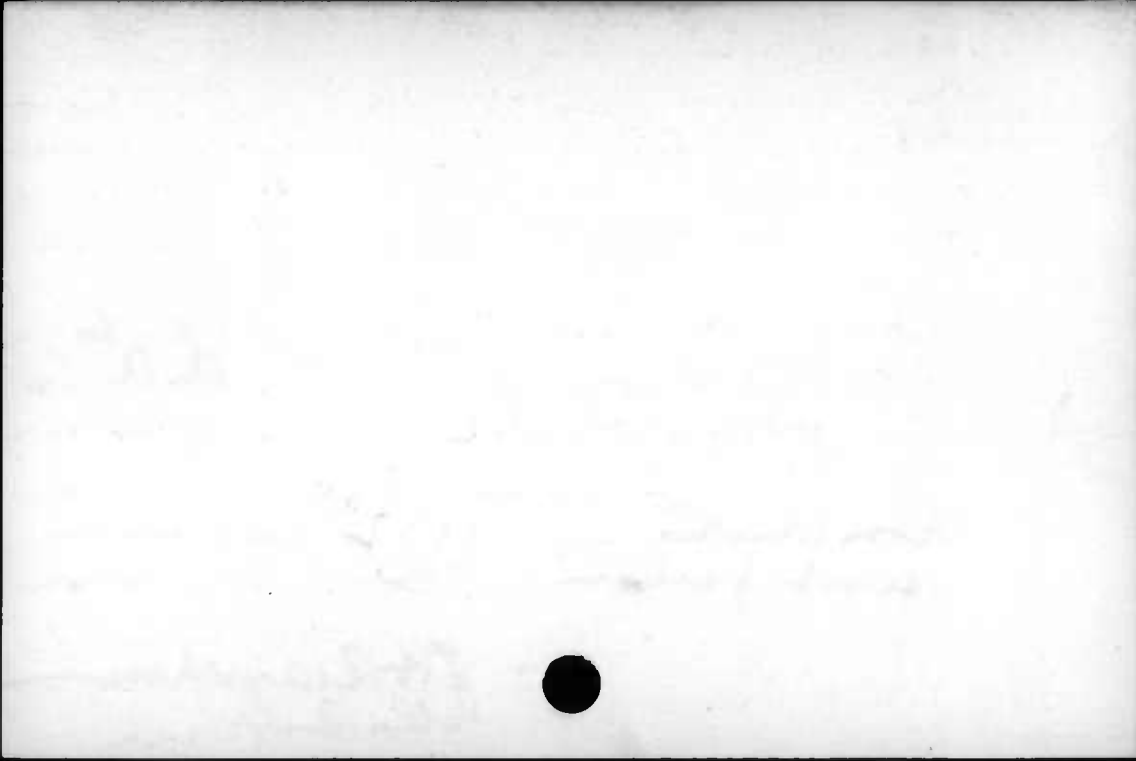
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port</i> Town		<i>a a</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>29</i>	Age <i>9</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John H Wheeler</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary E Lewis</i>			Mother's Birthplace		
Name of person giving information <i>John H Wheeler</i>			How related to deceased <i>Marther</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental</i>	How long <i>172</i>
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Bidout</i> Address <i>Annapolis Md</i>
Accident to <i>in</i> ?	



Name
in
Full

Rosa White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Robinsons Town AA County

Date of death 1905 aug 5th 1 10 10
Month Day Age Years Months Days

Sex female Color or Race African Birth-place AA Co

Occupation - Where Residing if not at place of death

Married, Single or Widowed -Name of Wife or Husband -

Father's Name

John White

Father's Birthplace

AA Co

Mother's Maiden Name

Hester Brown

Mother's Birthplace

AA Co

Name of person giving information

John White

How related to deceased

father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

4 months

Immediate

Heart failure

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

St. Mary's Hospital
Essex, Mass.

Accident or Suicide?



Name
in
Full

Mary Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Annapolis

County

Date of death 1905- Aug

Day 29

Age 73

Months

Days

Sex Female

Color or Race Colored

Birth-place A. A. C. Md

Occupation Cook

Where Residing if not
at place of deathMarried, Single
or Widowed WidowName of ~~Wife or~~ Husband Albert WilsonFather's
Name —Father's
BirthplaceMother's
Maiden Name —Mother's
BirthplaceName of person giving
In formation Wm. H. LarkinsHow related
to deceased none

CAUSES OF DEATH

Primary Bronchitis

How long About 6 weeks

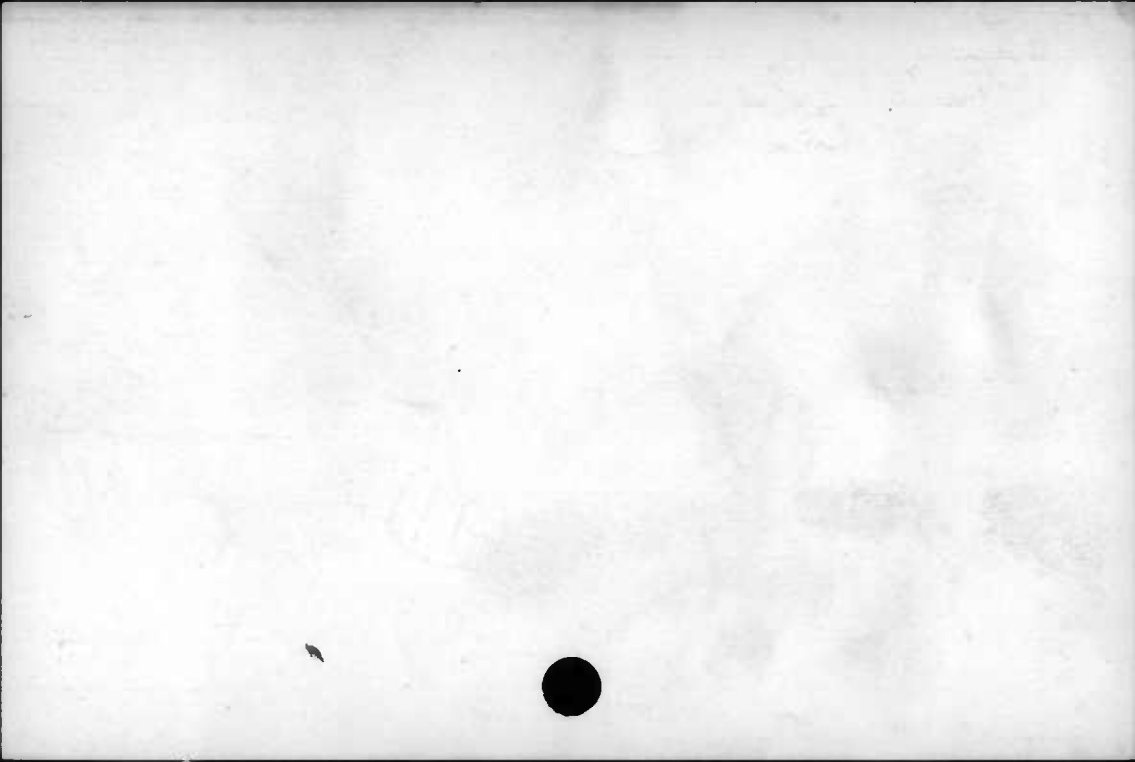
Immediate Hemorrhage - Pulmonary a few minutes

Are the name, age, sex, color, date
and place correctly given above? yesInvestigator or
Signature of Physician W. S. Welch Health Officer

Address Annapolis

Accident or Suicide? —

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

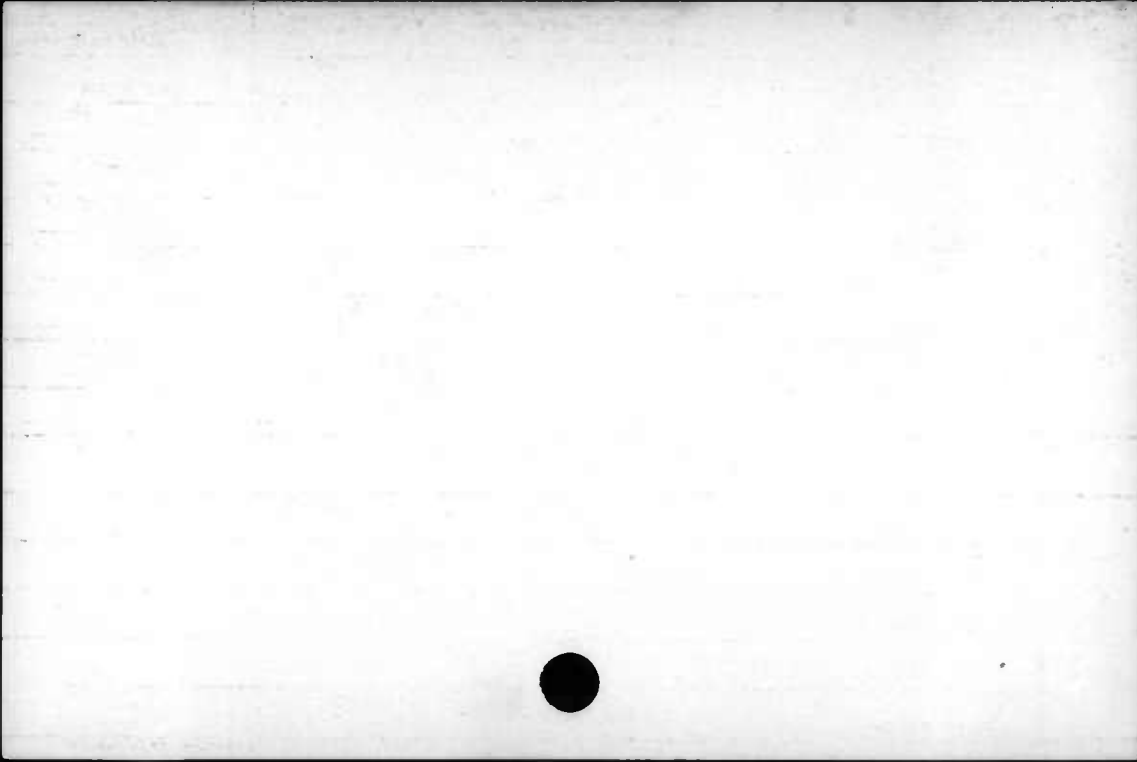
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Richard Wilson		Town Galesville		County Anne Arundel		MARYLAND	
Died at		Date of death 1905		Month Aug.		Day 15	
Sex Male		Color or Race Colored		Years 54		Months —	
Birthplace Anne Arundel		Occupation Farming		Where Residing if not at place of death —		Days —	
Married, Single or Widowed Married		Name of Wife or Husband Mary Wilson		Father's Name Henry Wilson		Father's Birthplace —	
Mother's Maiden Name Kitty Neale		Name of person giving information George Adams		Mother's Birthplace —		How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption	How long (2)
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Madame Cawood
	Address West River, Md.
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West-Annapolis</i> ^{Town}		<i>a a</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Aug</i> ^{Month}	<i>31</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>West-Annapolis</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm H. Wilson</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Janette Smith</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Wm H. Wilson</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead Born</i>	How long	<i>S</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Annie Hagen</i>
		Address	<i>Mrs White</i>
Accident or Suicide?			

